E D S S y s t e m s

Indiana*AIM* Decision Support Users Guide

EDS INDIANA HEALTH COVERAGE PROGRAMS

Indiana*AIM* Decision Support Users Guide

Revision History

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Table of Contents

Section 1: Decision Support Overview

Overview

The purpose of the decision support function is to allow users at the state of Indiana the ability to formulate, execute, and format information to support the analysis of the Indiana Health Coverage Programs. The decision support function consists of two integrated areas. First, the decision support database provides detailed information necessary to assist in the analysis and formulation of policy. Second, the user interface provides a user friendly means to formulate, execute, and store information requests and results.

Decision Support Database

The decision support database, INDSSP1, resides on the DSIBSUN3 machine. The database is accessible to users through their workstations. The information contained in the database is created using the methods summarized in this section.

First, a number of the tables are replicated from the on line database INAIMP1. These tables include code (or description), provider, member, financial, prior authorization, and medical policy history tables.

Second, claims history information is linked into the decision support database by fiber optic links. Claims history information INHISP1 database contains all the attribute information that is available in *Big History.*

Third, additional information is created through hard coded processes. These tables (the history add-on tables) generally contain information to assist in the accessing of claims information. These types of tables are updated weekly.

Fourth, individual users can generate their own tables. This capability enhances the user's ability to retrieve information quickly and retain that information for additional detailed requests. User created tables must be maintained by the individual user.

User Interface

The user interface is developed using Hummingbird's BI/QUERY and provides the user direct access to the decision support database. The user has the ability to create and execute database queries and express the results in a number of ways. Results can be expressed as a formatted hard copy report or disk file or results can be transferred to other window applications. The user interface also allows users to create tables to store results or to use the tables in other queries.

The queries created using the BI/QUERY interface, can be executed in real time or batch mode (when creating temporary tables). The *BI/QUERY* in conjunction with this document, and a short training session should provide the user with the tools necessary to access information efficiently. The EDS reporting specialist also assists in the formulation and execution of BI/QUERY generated queries and should be contacted when needed.

Efficient Queries and User Training

Due to the vast amount of information available and the size of the database, users need to be trained to access information efficiently. Users need to be exposed to basic database concepts to navigate the data model. Although BI/QUERY provides the user with a query generation capability, users also need to have a basic understanding of Structured Query Language (SQL) and some of its extensions.

To create efficient queries, the user should know how to use the code, provider, member, medical policy history, and history add-on tables to determine what claims are necessary. When a list of claims can be ascertained, the list is used to retrieve necessary claim information user-defined tables. The user-defined tables are then used to perform a detailed analysis of information.

Feedback Loop

User needs change as each user becomes more familiar with the decision support application. As needs change, the decision support database should change with those needs. When a user determines that there may be a need for standard information that is not currently available (such as summary information or additional attributes), the user should discuss the need with the EDS reporting specialist. The reporting specialist can then determine if the need is helpful to all users or user-specific. If the need is determined to be global, the

reporting specialist can incorporate the new information into the next release of the user interface. If the need is user-specific, the reporting specialist can assist the user in ensuring that the information is retrieved in the most efficient manner.

This manual details the available information that is contained in the decision support function as well as its additional features.

Section 2: Code Tables

Overview

The decision support code tables are generally used to obtain descriptive information of system-assigned keys and serve as limiting factors (or qualifications) for other queries.

Population Method

The decision support code tables are populated weekly from the INAIMP1 and INMARP1 databases. The information is unloaded from INAIMP1 and INMARP1 and loaded into the decision support database, INDSSP1. The decision support database code tables are truncated (deleted) prior to the load.

Access Strategies

Generally, the code tables are small. Rapid access to the information should not present response time issues. The use of the primary keys, however, improves performance.

Application Data Model
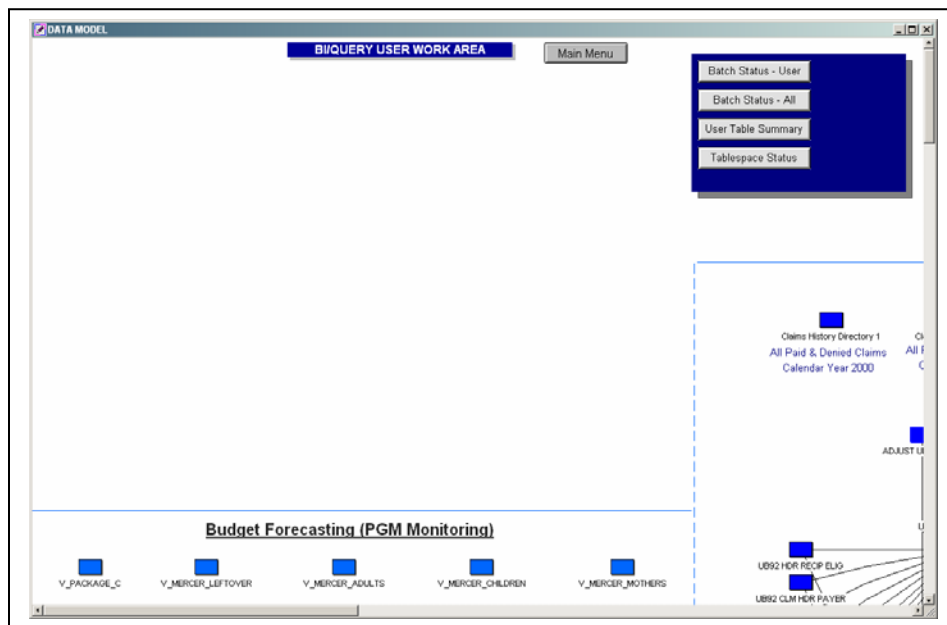
Figure 2.1 – Application Data Model Window

Attribute to Entity List

Table 2.1 – Attribute to Entity List

Attribute	Entity
ADR CITY	COUNTY
ADR STATE	COUNTY
ADR STREET 1	COUNTY
ADR STREET 2	COUNTY
ADR ZIP CODE	COUNTY
ADR ZIP CODE 4	COUNTY
AGE BEGIN GROUP	AID FEDERAL TO STATE
AGE END GROUP	AID FEDERAL TO STATE
AMT BILLED HS DIR	HS DIRECTORY
CDE	EOB AIM
CDE AID CATEGORY	AID CATEGORY AID FEDERAL TO STATE

(Continued)

CDE AID IFSSA	AID FEDERAL TO STATE

Table 2.1 – Attribute to Entity List

Attribute	Entity
CDE ASSIST STATUS	AID FEDERAL TO STATE
CDE CAP URBAN RURAL	COUNTY
CDE CLAIM TYPE MEDICAID	CLAIM TYPE HS DIRECTORY
CDE CLASS	PROCEDURE ICD 9 CM
CDE CLM LOCATION	ERROR DISPOSITION AIM
CDE CLM STATUS	HS DIRECTORY
CDE COS FED	MR COS FED
CDE COS ST	MR COS ST
CDE COS SUB1	MR COS ST
CDE COS SUB2	MR COS ST
CDE COUNTY	COUNTY
CDE DEA	DRUG
CDE DIAG	DIAGNOSIS
CDE DRG	DRG
CDE DRUG CATEGORY	DRUG
CDE DRUG CLASS	DRUG
CDE DRUG FORM	DRUG
CDE DRUG SOURCE	DRUG
CDE DRUG TYPE	DRUG
CDE EOB	EOB AIM
CDE ERROR STATUS	ERROR DISPOSITION AIM
CDE FED AID CATEGORY	AID FEDERAL TO STATE FEDERAL AID CATEGORY
CDE FUNDING SOURCE	PROGRAM
CDE HEADER DETAIL LEVEL	ERROR DISPOSITION AIM
CDE ICD 9 CM PROCEDURE	PROCEDURE ICD 9 CM
CDE ID CARD CONTROL	COUNTY

(Continued)

Table 2.1 – Attribute to Entity List

Attribute	Entity
CDE LOC	LEVEL OF CARE XREF1
	LEVEL OF CARE XREF2
	RECIP LOC TOB XREF
	MEMBER LEVEL OF CARE CODE
CDE LOC STOP1	LOC STOP REASON CODE1
CDE LOC STOP2	LOC STOP REASON CODE2
CDE LOCALITY	COUNTY
CDE NDC	DRUG
CDE NDC FORMAT	DRUG
CDE PARTITION ID	HS DIRECTORY
CDE PGM HEALTH	PROGRAM
CDE PGM HEALTH SUBPROGRAM	SUBPROGRAM
CDE PLACE OF SERVICE	PLACE OF SERVICE
CDE PROCEDURE	PROCEDURE
CDE PROVIDER SPECIALTY	PROVIDER SPECIALTY
CDE PROVIDER TYPE	PROVIDER TYPE
CDE RACE	RACE
CDE REASON START1	LEVEL OF CARE XREF1
	LOC START RSN CODE1
CDE REASON START2	LEVEL OF CARE XREF2
	LOC START RSN CODE2
CDE REVENUE	REVENUE CODE
	REVENUE GROUP
CDE SMART KEY	DRUG
CDE STATE REGION	COUNTY
CDE STATUS 1	DRUG
CDE THERA CLASS AHFS	DRUG
	MR AHFS THERA CLASS
CDE THERA CLASS FDA	DRUG
CDE TOP 200	DRUG

(Continued)

Table 2.1 – Attribute to Entity List

Attribute	Entity
CDE TYPE OF BILL	RECIP LOC TOB XREF
	TYPE OF BILL
DSC	MR COS FED
DSC 25	DIAGNOSIS
	DIAGNOSIS TYPE
	FEDERAL AID CATEGORY
	PROCEDURE TYPE
	REVENUE TYPE
DSC 30	IFSSA AID RSN
DSC 50	MR AHFS THERA CLASS
DSC AID CATEGORY	AID CATEGORY
DSC CATEGORY OF SERVICE	MR COS ST
DSC CLM TYPE MEDICAID	CLAIM TYPE
DSC COUNTY	COUNTY
DSC DRG	DRG
DSC DRUG PACKAGE	DRUG
DSC DRUG STRGTH UNITS	DRUG
DSC DRUG STRGTH VOL UNITS	DRUG
DSC EOB	EOB AIM
DSC EOB 2	EOB AIM
DSC EOB 3	EOB AIM
DSC EOB 4	EOB AIM
DSC EOB 5	EOB AIM
DSC EOMB	PROCEDURE
DSC ERROR STATUS	ERROR DISPOSITION AIM
DSC LOC	MEMBER LEVEL OF CARE CODE
DSC LOC STOP	LOC STOP REASON CODE1
	LOC STOP REASON CODE2
DSC LOC STRT1	LOC START RSN CODE1
DSC LOC STRT2	LOC START RSN CODE2

(Continued)

Table 2.1 – Attribute to Entity List

Attribute	Entity
DSC LONG	DIAGNOSIS
	PROCEDURE
	PROCEDURE ICD 9 CM
DSC NDC	DRUG
DSC PGM HEALTH	PROGRAM
DSC PGM HEALTH SUBPROGRAM	SUBPROGRAM
DSC PLACE OF SERVICE	PLACE OF SERVICE
DSC PROCEDURE CODE	PROCEDURE
	PROCEDURE ICD 9 CM
DSC PROVIDER SPECIALTY	PROVIDER SPECIALTY
DSC PROVIDER TYPE	PROVIDER TYPE
DSC RACE	RACE
DSC REVENUE CODE	REVENUE CODE
DSC TYPE OF BILL	TYPE OF BILL
DTE DRUG OBSOLETE	DRUG
DTE EFFECTIVE	DIAGNOSIS GROUP
	EOB AIM
	PROCEDURE GROUP
	RECIP LOC TOB XREF
	REVENUE CODE
	REVENUE GROUP
DTE END	DIAGNOSIS GROUP
	PROCEDURE GROUP
	RECIP LOC TOB XREF
	REVENUE CODE
	REVENUE GROUP
DTE FIRST SERVICE	HS DIRECTORY
DTE HIST FROM	HISTORY PARTITION
DTE HIST TO	HISTORY PARTITION
DTE LAST CHANGED AWP	DRUG
DTE NDDF ADD	DRUG

(Continued)

DTE PAID	HS DIRECTORY

Table 2.1 – Attribute to Entity List

Attribute	Entity
DTE TERMINATION HCFA	DRUG
DTE TO DATE	HS DIRECTORY
IND ALW CCF	ERROR DISPOSITION AIM
IND ALW DENY	ERROR DISPOSITION AIM
IND ALW OVERRIDE	ERROR DISPOSITION AIM
IND BUYINA	AID CATEGORY
IND COST CONTAINMENT	ERROR DISPOSITION AIM
IND DISABLED	AID CATEGORY
IND DRUG GENERIC	DRUG
IND DRUG INNOVATOR	DRUG
IND DRUG STANDARD PACKAGE	DRUG
IND DUAL AID ELIG	AID CATEGORY
IND GROUP	PROVIDER TYPE
IND ICES	PROGRAM
IND INCLUDE OR EXCLUDE DIAG	PLACE OF SERVICE
IND INCLUDE OR EXCLUDE PROCED	DIAGNOSIS PLACE OF SERVICE PROGRAM PROVIDER SPECIALTY REVENUE CODE SUBPROGRAM TYPE OF BILL
IND INCLUDE OR EXCLUDE SPEC	REVENUE CODE
IND LICENSE RQRD	PROVIDER TYPE
IND LVL CARE RQRD	PROVIDER TYPE
IND MANAGED CARE	AID CATEGORY COUNTY PROVIDER SPECIALTY
IND MONEY GRANT	AID FEDERAL TO STATE
IND PEER GROUP RQRD	PROVIDER TYPE

(Continued)

IND SYSTEMIC	DRUG
IND UNIT DOSE	DRUG

Table 2.1 – Attribute to Entity List

Attribute	Entity
IND UNIT OF USE	DRUG
NAM SCHEMA	HISTORY PARTITION
NUM ICN FL	HS DIRECTORY
NUM RATE ID	REVENUE CODE
NUM SEQUENCE SHORT NUM PARTITION	HISTORY PARTITION
QTY DRUG CASE SIZE	DRUG
QTY DRUG PACKAGE SIZE	DRUG
QTY DRUG STRGTH	DRUG
QTY DRUG STRGTH VOL	DRUG
QTY SHELF PACK	DRUG
QTY SHIPPER	DRUG
SAK AID RSN	AID FEDERAL TO STATE IFSSA AID RSN
SAK CDE AID	AID CATEGORY AID FEDERAL TO STATE
SAK CLAIM	HS DIRECTORY
SAK DIAG	DIAGNOSIS DIAGNOSIS GROUP
SAK DRG	DRG
SAK DRUG	DRUG
SAK DRUG GENERIC	DRUG
SAK DRUG LABELER	DRUG
SAK DRUG MANUF	DRUG
SAK EOB	EOB AIM
SAK ERROR STATUS CODE	ERROR DISPOSITION AIM
SAK PROC ICD 9 CM	PROCEDURE ICD 9 CM
SAK PROCED	PROCEDURE PROCEDURE GROUP

(Continued)

SAK PROV	HS DIRECTORY

Table 2.1 – Attribute to Entity List

Attribute	Entity
SAK PUB HLTH	AID CATEGORY
	PROGRAM
	SUBPROGRAM
SAK RECIP	HS DIRECTORY
SAK SHORT DIAG TYPE	DIAGNOSIS GROUP
	DIAGNOSIS TYPE
SAK SHORT PROC TYPE	PROCEDURE GROUP
	PROCEDURE TYPE
SAK SHORT REV TYPE	REVENUE GROUP
	REVENUE TYPE
SAK SUBPROGRAM	SUBPROGRAM

Entity to Attribute List

Aid Category

The aid category table contains the valid aid categories and descriptions within each health coverage program.

Table 2.2 – Aid Category

Attribute	Format	Length	Description
CDE AID CATEGORY	Character	2	Identifies the type of aid for which a member is eligible.
DSC AID CATEGORY	Character	50	Describes the type of aid for which a member is eligible.
IND BUYINA	Character	1	Indicates whether or not the corresponding aid category is for QMB or QDWI members.
IND DISABLED	Character	1	Indicates whether or not the aid category is for the disabled.
IND DUAL AID ELIG	Character	1	Indicates if the aid category may be dually enrolled. For instance, a member may be QMB-Only or QMB-Also that requires the member to be enrolled in two aid categories.
IND MANAGED CARE	Character	1	This field indicates whether the aid category is a valid aid category for member participation in the Hoosier Healthwise program.
SAK CDE AID	Integer	9	System-assigned key to uniquely identify a valid aid category within a program.
SAK PUB HLTH	Integer	9	System-assigned key to uniquely identify a valid health coverage program code. Used to access the program code and description from the program entity.

Table 2.3 - Key for Table 2.2

Attribute	Type	Length
SAK CDE AID	Primary	9

Aid Federal to State

The Aid Federal to State contains the information used to convert state aid categories into aid category groupings use by HCFA and IFSSA.

Table 2.4 - Aid Federal to State

Attribute	Format	Length	Description
AGE BEGIN GROUP	Integer	4	The beginning age restriction for this aid category.
AGE END GROUP	Integer	4	The ending age restriction for this aid category.
CDE AID CATEGORY	Character	2	Identifies the type of aid for which a member is eligible.
CDE AID IFSSA	Character	2	Identifies an IFSSA aid category grouping.
CDE ASSIST STATUS	Character	1	A one-character code with values zero through nine that represent the HCFA Maintenance Assistance Status (basis of eligibility on the HCFA 2082 reports).
CDE FED AID CATEGORY	Character	2	A code used with a Federal Aid Category Description. This is a system-assigned code.
IND MONEY GRANT	Character	1	A code used to indicate the money grant status.
SAK AID RSN	Integer	9	A grouping of ICES categories.
SAK CDE AID	Integer	9	System-assigned key to uniquely identify a valid aid category within a program.

Table 2.5 - Key for Table 2.4

Attribute	Type	Length
AGE BEGIN GROUP	Primary	4
AGE END GROUP	Primary	4
IND MONEY GRANT	Primary	1
SAK CDE AID	Primary	9

Claim Type

The Claim Type Table lists the valid type of claims that can be submitted and processed in Indiana*AIM*.

Table 2.6 - Claim Type

Attribute	Format	Length	Description
CDE CLAIM TYPE MEDICAID	Character	1	Value for the type of claim that can be processed in the IndianaAIM system.
DSC CLM TYPE MEDICAID	Character	50	Description of the value assigned to a specific claim type.

Table 2.7 - Key for Table 2.6

Attribute	Type	Length
CDE CLAIM TYPE MEDICAID	Primary	1

County

This table represents the 92 geographical and political counties in Indiana.   Only one address per county code is used.

Table 2.8 - County

Attribute	Format	Length	Description
ADR CITY	Character	15	The name of the city to use in correspondence with county.
ADR STATE	Character	2	The state is Indiana.
ADR STREET 1	Character	30	The first line of the address to use in correspondence with county.
ADR STREET 2	Character	30	The second line of the address to use in correspondence with county.
ADR ZIP CODE	Character	5	The five digit ZIP code to use in correspondence with county.
ADR ZIP CODE 4	Character	4	The four digit ZIP code that follows the five digit ZIP code.
CDE CAP URBAN RURAL	Character	1	Indicates whether or not a county is rural (R) or urban (U). This is used for payment of capitation under the RBMC program.
CDE COUNTY	Character	2	The two digit county number used to identify a geographical and political area in Indiana.
CDE ID CARD CONTROL	Character	5	This control number is assigned by West Lake, Ohio, for each county office to determine which return address to print on the envelope for the member ID card.
CDE LOCALITY	Character	2	This attribute indicates the locality code for a county. Valid values include 01 - Metropolitan, 02 - Urban, and 03 - Rural.
CDE STATE REGION	Character	1	Suffix added to the Managed Care Organization (MCO) number to identify the various regions in which an MCO does business. The valid values are N, C, and S for Northern, Central, and Southern regions.

(Continued)

DSC COUNTY	Character	12	Twelve character field containing

Table 2.8 - County

Attribute	Format	Length	Description
			the name of a specific county.
IND MANAGED CARE	Character	1	Indicates whether this county code is a mandatory Hoosier Healthwise county ('Y' = Yes or 'N' = No).

Table 2.9 - Key for Table 2.8

Attribute	Type	Length
CDE COUNTY	Primary	2
CDE LOCALITY	Secondary	2

Diagnosis

A diagnosis is a condition that requires medical attention.

Table 2.10 - Diagnosis

Attribute	Format	Length	Description
CDE DIAG	Character	5	A code for the condition requiring medical attention.
DSC 25	Character	25	The short nomenclature for a medical condition.
DSC LONG	Character	250	The long nomenclature for a medical condition.
IND INCLUDE OR EXCLUDE PROCED	Character	1	Indicates whether the associated list of procedure codes is valid or invalid for the diagnosis.
SAK DIAG	Integer	9	System-assigned key for the diagnosis.

Table 2.11 - Key for Table 2.10

Attribute	Type	Length
SAK DIAG	Primary	9

Diagnosis Group

This table groups diagnosises by diagnosis type. This is used by various parts of the system for different processing methodologies.

Table 2.12 - Diagnosis Group

Attribute	Format	Length	Description
DTE EFFECTIVE	Date	8	The date that the diagnosis code is to become effective for the diagnosis type in claims processing.
DTE END	Date	8	The date that the diagnosis code is no longer in effect for the diagnosis type in claims processing.
SAK DIAG	Integer	9	System-assigned key for the diagnosis.
SAK SHORT DIAG TYPE	Integer	4	System-assigned key for a unique diagnosis type, that represents a collection of diagnosis codes.

Table 2.13 - Key for Table 2.12

Attribute	Type	Length
DTE EFFECTIVE	Primary	8
SAK DIAG	Primary	9
SAK SHORT DIAG TYPE	Primary	4

Diagnosis Type

A diagnosis type is associated with a group of diagnosis codes. Used to identify diagnosis codes for use in certain processing methodologies. For example, "Abortion" is a diagnosis type.

Table 2.14 - Diagnosis Type

Attribute	Format	Length	Description
DSC 25	Character	25	Describes the diagnosis type.
SAK SHORT DIAG TYPE	Integer	4	System-assigned key for a unique diagnosis type that represents a collection of diagnosis codes.

Table 2.15 - Key for Table 2.14

Attribute	Type	Length
SAK SHORT DIAG TYPE	Primary	4

DRG

Diagnosis-related groups (DRGs) are used as the standard classification system for handling inpatient hospital data. This table is used to evaluate resource use and utilization patterns. DRGs are used nationwide as the basis for the analysis and prospective payment of hospital care.

Table 2.16 - DRG

Attribute	Format	Length	Description
CDE DRG	Character	4	This is a three byte code field used to identify a DRG grouping. The DRG code and description are obtained from HCIA.
DSC DRG	Character	40	This is a forty byte character field used to describe a DRG grouping. The DRG code and description are obtained from HCIA.
SAK DRG	Integer	9	System-assigned key for a unique DRG.

Table 2.17 - Key for Table 2.16

Attribute	Type	Length
SAK DRG	Primary	9

Drug

This table provides information about the necessary data that defines a drug. This includes the drug's National Drug Code (NDC), manufacturer, strength, dosage form, package size, etc. The majority of this data is supplied by the drug vendor, First Data Bank. Some drugs and their data are supplied by the State for State-unique drugs. Also, some data updates are received from the National ProDUR system.

Table 2.18 - Drug

Attribute	Format	Length	Description
CDE DEA	Character	1	The Drug Enforcement Administration Code denotes the degree of potential abuse and Federal control of a drug. It is subject to change by federal regulation. The current code list is: 0, 1, 2, 3, 4, and 5.
CDE DRUG CATEGORY	Character	1	This indicates that a drug product belongs to a category that is commonly treated as an exception in third party plans.
CDE DRUG CLASS	Character	1	This code classifies a drug according to its availability to the consumer per federal specifications. The codes currently in use are: O - Over the Counter and F - Federal Legend (Prescription Only).
CDE DRUG FORM	Character	2	The Drug Form Code indicates the basic drug measurement unit for performing price calculations. The current codes are: EA - (tables,kits,etc.) ML - (liquids) GM - (solids)
CDE DRUG SOURCE	Character	1	The Drug Source Code differentiates single source from multiple source drugs. The current codes are: 1 - Multiple sources and 2 - Single source. Note that this field does not distinguish between the innovator products and its substitutes.
CDE DRUG TYPE	Character	1	This indicates if the drug is state-unique (S), First Data Bank (F) supplied (added and updated by First Data Bank), MediSpan unique (M) from the old system, or added by the National Pro-DUR system (N).
CDE NDC	Character	11	National Drug Code is comprised of a five-byte numeric labeler code, four-byte numeric product code, and a two-byte numeric package code. Used to uniquely identify a drug, its labeler and package size of the product for pricing, DUR and prior authorization.

(Continued)

CDE NDC	Character	1	This field is used to identify the original ten character

Table 2.18 - Drug

Attribute	Format	Length	Description
FORMAT			format of the NDC and the type of code, such as NDC (National Drug Code), UPC (Universal Product Code), HRI (Health Related Item Code), and PIN (Product Identification Number).
CDE SMART KEY	Character	24	This has a unique value that consists of seven independent codes. It accommodates both general and specific classification of drugs with ingredients, strengths, dosage forms and package size identification.
CDE STATUS 1	Character	1	This field is used to identify if a drug has been replaced or reused. The valid values are **R** for replace and **U** for reuse.
CDE THERA CLASS AHFS	Integer	6	Identifies the pharmacologic therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system. An AHFS number has been assigned for each drug whether the drug product is in the AHFS.
CDE THERA CLASS FDA	Character	2	Provided from HCFA's quarterly tape and is a two character code, as indicated by the U.S. Food and Drug's Administration's (FDA) rating of the therapeutic equivalence of a product within other pharmaceutically equivalent drug products, as published.
CDE TOP 200	Integer	3	Indicates if a drug is included in the list of the most frequently dispensed 200 drug products. Different package sizes and dose forms of the same drug have the same number. The order is changed annually based on pharmaceutical market surveys.
DSC DRUG PACKAGE	Character	10	Describes the drug product container and includes the following: AEROSOL, AMPUL, APPLICATOR, BAG, BOTTLE, BOX, CAN, DISPENSER, DROP BTL, JAR, KIT, PACKET, SQUEEZ BTL, SYRINGE, TINE, TUBE, VIAL, and WRAP. Abbreviations are used to keep within 10 characters.

(Continued)

| DSC DRUG STRGTH UNITS | Character | 10 | Drug product strength in National Drug Data File is usually expressed in metrics. This field, when used in conjunction with the Drug Strength Number, Drug |

Table 2.18 - Drug

Attribute	Format	Length	Description
			Strength Volume Number, and the Drug Strength Volume Units, is the conventional strength expression for drug product.
DSC DRUG STRGTH VOL UNITS	Character	5	Drug product strength in NDDF is usually expressed in metrics. This field, when used in conjunction with the Drug Strength Number, Drug Strength Units, and the Drug Strength Volume Number, is the conventional strength expression for the drug product.
DSC NDC	Character	30	This field is a combination of the drug name appearing on the package label, the strength description, and the dosage form description. The field size is 30 characters, however it is edited to fit within a maximum length of 27.
DTE DRUG OBSOLETE	Date	8	This is the date on which the drug product was no longer available in the market place per the manufacturer's notification or best estimate of that date.
DTE LAST CHANGED AWP	Date	8	This is the date on which the drug's current blue book average wholesale unit or package price was changed on the NDDF master file.
DTE NDDF ADD	Date	8	This is the date on which the drug record was added to the NDDF master file.
DTE TERMINATION HCFA	Date	8	This date is supplied on the HCFA quarterly tape. The date is actually supplied to HCFA from the drug manufacture and distributor. The date represents the shelf life expiration date of the last batch produced.
IND DRUG GENERIC	Character	1	The Generic Product Indicator distinguishes a product as either a generic drug product or as the more expensive branded drug products.
IND DRUG INNOVATOR	Character	1	This field identifies the original innovator product for a particular generic code number. Values are: (0)=Default - non innovator drug; and (1)=Innovator - held original patent. It is possible to have more than one product appear to be the innovator.

(Continued)

IND DRUG STANDARD PACKAGE	Character	1	Identifies the package size and associated price vectors to be used when pricing the standard package size that is defined as 100s for non-unit dose, non-prepack tablets, and capsules and 473 or 480 ml for liquids. Current codes are: 0 -All and 1-Std.

Table 2.18 - Drug

Attribute	Format	Length	Description
IND SYSTEMIC	Character	1	This indicates if the drug is systemic, which means that it can seep into the body, be absorbed, and affect the entire body.
IND UNIT DOSE	Character	1	Marks a drug as packaged in unit doses. Unit dose is defined by FDB as all products labeled as unit dose by the manufacturer. This indicator does not apply to injectable products, suppositories, or powder packets. Current codes are 1=Unit Dose and 0=All other.
IND UNIT OF USE	Character	1	Marks a drug as packaged in unit doses. Unit dose is defined by FDB as all products labeled as unit dose by the manufacturer. This indicator does not apply to injectable products, suppositories, or powder packets. Current codes are 1=Unit Dose and 0=All other.
QTY DRUG CASE SIZE	Integer	7	This field is used as a divisor. The labeler's catalog case price is divided by the case size to calculate the single package price.
QTY DRUG PACKAGE SIZE	Float	11	This field contains the metric quantity used to derive a unit price. It is the usual labeled quantity from which the pharmacist dispenses, such as 100 tablets, 1000 capsules, 20 ml vial, and so forth.
QTY DRUG STRGTH	Float	11	Drug product strength in NDDF is usually expressed in metrics. This field, when used in conjuction with the Drug Strength Unit, Drug Strength Volume Number, and the Drug Strength Volume Units, is the conventional strength expression for a drug product.
QTY DRUG STRGTH VOL	Float	7	Drug product strength in NDDF is usually expressed in metrics. It indicates the volume or weight of the drug product that contains the indicated amounts of active ingredients. When used in conjuction with other factors will be conv strength expression.
QTY SHELF PACK	Integer	7	This field represents the number of saleable units packed together and sold as a unit.

(Continued)

QTY SHIPPER	Integer	7	This represents the number of saleable units (packages) in the case available from the manufacturer.
SAK DRUG	Integer	9	System-assigned key for a unique drug.
SAK DRUG GENERIC	Integer	9	System-assigned key for a unique generic drug.
SAK DRUG	Integer	9	System-assigned key for a unique drug rebate labeler

Table 2.18 - Drug

Attribute	Format	Length	Description
LABELER			code.
SAK DRUG MANUF	Integer	9	System-assigned key for the drug manufacturer.

Table 2.19 - Key for Table 2.18

Attribute	Type	Length
CDE NDC	Secondary	11
DSC NDC	Secondary	30
SAK DRUG	Primary	9
SAK DRUG	Secondary	9
SAK DRUG GENERIC	Secondary	9

EOB AIM

The EOB AIM table lists the Explanation of Benefits (EOBs) which is assigned in Indiana*AIM* processing.

Table 2.20 - EOB AIM

Attribute	Format	Length	Description
CDE	Character	1	Indicates what type of processing should be performed. This is used for processing of adjustments based on the EOB assigned as the adjustment reason.
CDE EOB	Integer	4	A code that represents a policy for Indiana Health Coverage Programs claim adjudication.
DSC EOB	Character	79	This field is the first line of the nomenclature for an EOB that will be printed on the remittance advice.
DSC EOB 2	Character	79	This field is the second line of the nomenclature for an EOB that will be printed on the remittance advice.
DSC EOB 3	Character	79	This field is the third line of the nomenclature for an EOB that will be printed on the remittance advice.
DSC EOB 4	Character	79	This field is the fourth line of the nomenclature for an EOB that will be printed on the remittance advice.
DSC EOB 5	Character	79	This field is the fifth line of the nomenclature for an EOB that will be printed on the remittance advice.
DTE EFFECTIVE	Date	8	This is the date of service that the EOB code became effective.
SAK EOB	Integer	9	The system-assigned key for the EOB table. This key makes it possible to renumber the EOB file in the future without affecting the other tables that carry EOB (such as claim or ESC).

Table 2.21 - Key for Table 2.20

Attribute	Type	Length
CDE EOB	Secondary	4
SAK EOB	Primary	9

Error Disposition AIM

The Error Disposition AIM Table lists the possible edits or audits that can be applied during processing in Indiana*AIM*.

Table 2.22 - Error Disposition AIM

Attribute	Format	Length	Description
CDE CLM LOCATION	Character	2	Indicates the location of a claim in the system. This is assigned using indicators for the type of claim, department code, and edit/audit type.
CDE ERROR STATUS	Integer	4	Code used to indicate an error was discovered on a claim during processing in Indiana*AIM*. This can be either an edit or an audit.
CDE HEADER DETAIL LEVEL	Character	1	Indicates whether edit or audit should be set on the header or detail of a claim.
DSC ERROR STATUS	Character	50	Description of an edit or an audit.
IND ALW CCF	Character	1	Indicates (Y/N) whether the claim should be allowed to generate a claim correction form upon review of the claim. This is used during data correction.
IND ALW DENY	Character	1	Indicates (Y/N) whether the claim should be allowed to deny upon review of the claim. This is used during data correction.
IND ALW OVERRIDE	Character	1	Indicates (Y/N) whether a clerk should be allowed to override an edit or audit upon review of the claim.
IND COST CONTAINMENT	Character	1	Indicates whether the error status code is a cost containment error.
SAK ERROR STATUS CODE	Integer	9	System-assigned key that uniquely identifies an error number.

Table 2.23 - Key for Table 2.22

Attribute	Type	Length
SAK ERROR STATUS CODE	Primary	9

Federal Aid Category

The Federal Aid Category contains a description of the federal aid category.

Table 2.24 - Federal Aid Category

Attribute	Format	Length	Description
CDE FED AID CATEGORY	Character	2	A code used with a federal aid category description. This is not a Federal-assigned code.
DSC 25	Character	25	A description of a federal category of assistance.

Table 2.25 - Key for Table 2.24

Attribute	Type	Length
CDE FED AID CATEGORY	Primary	2

History Partition

Each row in the history partition table identifies a schema partition of the big history claim data.

Table 2.26 - History Partition

Attribute	Format	Length	Description
DTE HIST FROM	Date	4	The paid date on which a particular history partition begins.
DTE HIST TO	Date	4	The paid date on which a particular history partition ends .
NAM SCHEMA	Character	5	The name of the partition.
NUM SEQUENCE SHORT NUM PARTITION	Integer		The sequence number of the partition.

Table 2.27 - Key for Table 2.26

Attribute	Type	Length
NAM SCHEMA	Secondary	5
NUM SEQUENCE SHORT NUM PARTITION	Primary	

HS Directory

This is the directory table for claims history.

Table 2.28 - HS Directory

Attribute	Format	Length	Description
AMT BILLED HS DIR	Float	9	The amount billed that appears on the claim
CDE CLAIM TYPE MEDICAID	Character	1	The claim type associated with the claim
CDE CLM STATUS	Character	1	The claim status code.
CDE PARTITION ID	Character	2	The history partition ID on which this claim resides.
DTE FIRST SERVICE	Date	8	The beginning service date of the claim.
DTE PAID	Date	8	The date that the claim was paid.
DTE TO DATE	Date	8	The ending service date on the claim.
NUM ICN FL	Float	13	The ICN of the claim.
SAK CLAIM	Integer	9	The system-assigned key for the claim.
SAK PROV	Integer	9	The billing provider's system-assigned key.
SAK RECIP	Integer	9	The members system-assigned key.

Table 2.29 - Key for Table 2.28

Attribute	Type	Length
DTE PAID	Secondary	8
NUM ICN FL	Secondary	13
SAK CLAIM	Primary	9
SAK PROV	Secondary	9
SAK RECIP	Secondary	9

IFSSA Aid Rsn

This table contains a description of the basis of eligibility for an ICES aid category group.

Table 2.30 - IFSSA AID RSN

Attribute	Format	Length	Description
DSC 30	Character	30	Describes the base reason for assistance by IFSSA.
SAK AID RSN	Integer	9	A SAK used to describe the aid category reason for eligibility.

Table 2.31 - Key for Table 2.30

Attribute	Type	Length
SAK AID RSN	Primary	9

Level of Care XREF1

This is a cross reference entity used to track the level of care codes allowed to go with the first character of the level of care start reason code. If the start reason code is not found on this entity then it can have any level of care code.

Table 2.32 - Level of Care XREF1

Attribute	Format	Length	Description
CDE LOC	Character	3	The level of care code that is allowed to go with the first character of the start reason code.
CDE REASON START1	Character	1	The first character of the level of care start reason code.

Level of Care XREF2

This is a cross reference entity used to track the level of care codes allowed to go with the second and third character of the level of care start reason code. If the start reason code is not found on this entity then it can have any level of care code.

Table 2.33 - Level of Care XREF2

Attribute	Format	Length	Description
CDE LOC	Character	3	The level of care code that is allowed to go with the corresponding start reason code
CDE REASON START2	Character	2	The second and third character of the level of care start reason

LOC Start RSN Code1

This table contains the valid codes for the first position of the level of care start reason code.

Table 2.34 - LOC Start RSN Code 1

Attribute	Format	Length	Description
CDE REASON START1	Character	1	The code associated with the description for the start of a member's level of care
DSC LOC STRT1	Character	80	Describes first character of start reason for a member's level of care

Table 2.35 - Key for Table 2.34

Attribute	Type	Length
CDE REASON START1	Primary	1

LOC Start RSN Code2

This table contains the valid codes for the second and third position of the member's level of care start reason code.

Table 2.36 - LOC Start RSN Code 2

Attribute	Format	Length	Description
CDE REASON START2	Character	2	Code for second and third positions of the member level of care start code
DSC LOC STRT2	Character	60	Describes the meaning of the second and third character of the member level of care start reason code.

Table 2.37 - Key for Table 2.36

Attribute	Type	Length
CDE REASON START2	Primary	2

LOC Stop Reason Code1

This table contains the valid codes for the first position of the level of care stop reason code.

Table 2.38 - LOC Stop Reason Code

Attribute	Format	Length	Description
CDE LOC STOP1	Character	1	Code used in the first position of the level of care stop reason
DSC LOC STOP	Character	50	Describes the meaning of the code in the first position of the level of care stop reason

Table 2.39 - Key for Table 2.38

Attribute	Type	Length
CDE LOC STOP1	Primary	1

LOC Stop Reason Code2

This table contains the valid codes for the second and third position of the level of care stop reason code.

Table 2.40 - LOC Stop Reason Code 2

Attribute	Format	Length	Description
CDE LOC STOP2	Character	2	Code for the second and third position of the level of care stop reason code
DSC LOC STOP	Character	50	Describes the code for the second and third position of the level of care stop reason code

Table 2.41 - Key for Table 2.40

Attribute	Type	Length
CDE LOC STOP2	Primary	2

MR AHFS THERA Class

This table contains the American Hospital Formulary Service (AHFS) therapeutic category codes and descriptions.

Table 2.42 - MR AHFS THERA Class

Attribute	Format	Length	Description
CDE THERA CLASS AHFS	Integer	6	Identifies the pharmacologic therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system. An AHFS number has been assigned for each drug whether the drug product is in the AHFS.
DSC 50	Character	50	Contains the long description of AHFS therapeutic class code.

Table 2.43 - Key for Table 2.42

Attribute	Type	Length
CDE THERA CLASS AHFS	Primary	6

MR COS FED

This table contains categories of service as defined by HCFA. A category of service represents a classification of providers and possibly the individual services they perform. Inpatient and inpatient sterilization is an example of a federal category of service.

Table 2.44 - MR COS FED

Attribute	Format	Length	Description
CDE COS FED	Character	2	A federal category of service code that describes the type of services supported by an Indiana Health Coverage Program.
DSC	Character	100	A text description of the federal category of service.

Table 2.45 - Key for Table 2.44

Attribute	Type	Length
CDE COS FED	Primary	2

MR COS ST

This table contains codes and descriptions of the state category of services used in MAR reporting.

Table 2.46 - MR COS ST

Attribute	Format	Length	Description
CDE COS ST	Character	2	The state category of service code that defines the groupings of services desired on state MAR reports., such as Inpatient, outpatient, and so forth.
CDE COS SUB1	Character	1	A subcategory of service used to provide a more detailed service classification in MAR reporting.
CDE COS SUB2	Character	1	A sub, subcategory of service used to provide a more detail service classification in MAR reporting.
DSC CATEGORY OF SERVICE	Character	50	A description of a category of service level. If COS SUB1 and COS SUB2 = 0, the description is for the highest level COS code. If only COS SUB2 = 0 the description is for the COS SUB1 code.

Table 2.47 - Key for Table 2.46

Attribute	Type	Length
CDE COS ST	Primary	2
CDE COS SUB1	Primary	1
CDE COS SUB2	Primary	1

Place of Service

This table lists the location where medical services were provided.

Table 2.48 - Place of Service

Attribute	Format	Length	Description
CDE PLACE OF SERVICE	Character	2	Place of medical assistance service code.
DSC PLACE OF SERVICE	Character	50	Description of place where medical assistance service is performed.
IND INCLUDE OR EXCLUDE DIAG	Character	1	Indicates whether the associated list of diagnosis codes is valid or invalid for the place of service.
IND INCLUDE OR EXCLUDE PROCED	Character	1	Indicates whether the associated list of procedure codes is valid or invalid for the place of service.

Table 2.49 - Key for Table 2.48

Attribute	Type	Length
CDE PLACE OF SERVICE	Primary	2

Procedure

The Procedure table lists CPT-4 or HCPCS procedures and descriptions. Procedures are assigned codes that uniquely identify the service performed.

Table 2.50 - Procedure

Attribute	Format	Length	Description
CDE PROCEDURE	Character	5	Code used to identify a medical, dental, or DME procedure.
DSC EOMB	Character	30	Explanation of Medicare Benefits description used on a member EOMB.
DSC LONG	Character	250	A long medical description of a specific, singular medical or dental service that is performed for the express purpose of identification or treatment of the patient's condition.
DSC PROCEDURE CODE	Character	25	A short medical description of a specific, singular medical or dental service that is performed for the express purpose of identification or treatment of the patient's condition.
SAK PROCED	Integer	9	System-assigned key used to uniquely identify a procedure.

Table 2.51 - Key for Table 2.50

Attribute	Type	Length
CDE PROCEDURE	Secondary	5
SAK PROCED	Primary	9

Procedure Group

This table groups procedure codes by procedure type. This is used by various parts of the system for different processing methodologies.

Table 2.52 - Procedure Group

Attribute	Format	Length	Description
DTE EFFECTIVE	Date	8	The date that the procedure code becomes effective for the procedure type in claims processing.
DTE END	Date	8	The date that the procedure code is no longer in effect for the procedure type in claims processing.
SAK PROCED	Integer	9	System-assigned key that uniquely identifies a procedure.
SAK SHORT PROC TYPE	Integer	4	System-assigned key for a unique procedure type that represents a collection of procedure codes.

Table 2.53 - Key for Table 2.52

Attribute	Type	Length
DTE EFFECTIVE	Primary	8
SAK PROCED	Primary	9
SAK SHORT PROC TYPE	Primary	4

Procedure ICD-9-CM

This table lists surgical or diagnostic procedure and its descriptions. Procedures are assigned codes that are used to identify the service performed.

Table 2.54 - Procedure ICD 9 CM

Attribute	Format	Length	Description
CDE CLASS	Character	1	Describes the operative or non-operative class of a procedure. 1 = Class 1, surgery, 2 = Class 2, significant procedure, 3 = Class 3 significant procedure, 4 = Class 4, or other
CDE ICD 9 CM PROCEDURE	Character	4	Code that indicates a specific, surgical, or diagnostic procedure which is performed for the express purpose of identification or treatment of the patient's condition.
DSC LONG	Character	250	A long medical description of a specific, surgical, or diagnostic procedure that is performed for the express purpose of identification or treatment of the patient's condition.
DSC PROCEDURE CODE	Character	25	A short medical description of a specific, surgical, or diagnostic procedure that is performed for the express purpose of identification or treatment of the patient's condition.
SAK PROC ICD 9 CM	Integer	9	System-assigned key used to uniquely identify an ICD-9-CM procedure.

Table 2.55 - Key for Table 2.54

Attribute	Type	Length
SAK PROC ICD 9 CM	Primary	9

Procedure Type

A procedure type is associated with a group of procedure codes. It is used to identify procedure codes for use in certain processing methodologies. For example, Collection is a procedure type.

Table 2.56 - Procedure Type

Attribute	Format	Length	Description
DSC 25	Character	25	Describes the procedure type, for example, Collection.
SAK SHORT PROC TYPE	Integer	4	System-assigned key for a unique procedure type that represents a collection of procedures.

Table 2.57 - Key for Table 2.56

Attribute	Type	Length
SAK SHORT PROC TYPE	Primary	4

Program

This table contains all the valid Indiana Health Coverage Programs in Indiana*AIM*.

Table 2.58 - Program

Attribute	Format	Length	Description
CDE FUNDING SOURCE	Character	2	Indicates the source of funding for the health coverage program.
CDE PGM HEALTH	Character	2	Identifies the health coverage program such as traditional IHCP, 590, CSHCS, and ARCH.
DSC PGM HEALTH	Character	50	Describes the health coverage program
IND ICES	Character	1	Indicates if the health coverage program is updated from ICES updates.
IND INCLUDE OR EXCLUDE PROCED	Character	1	Indicates whether the associated list of procedure codes is valid or invalid for the health coverage program.
SAK PUB HLTH	Integer	9	System-assigned internal key for a health coverage program.

Table 2.59 - Key for Table 2.58

Attribute	Type	Length
CDE PGM HEALTH	Secondary	2
SAK PUB HLTH	Primary	9

Provider Specialty

This table lists valid provider specialties, their PA and procedure inclusions or exclusions, and whether this specialty is eligible as a primary medical provider in managed care.

Table 2.60 - Provider Specialty

Attribute	Format	Length	Description
CDE PROVIDER SPECIALTY	Character	3	A code representing the specialized area of practice for a provider.
DSC PROVIDER SPECIALTY	Character	50	Description associated with a provider specialty code.
IND INCLUDE OR EXCLUDE PROCED	Character	1	Indicates whether the associated list of procedure codes is valid or invalid for the specialty.
IND MANAGED CARE	Character	1	Indicates whether the specialty is eligible as a primary medical provider specialty in managed care.

Table 2.61 - Key for Table 2.60

Attribute	Type	Length
CDE PROVIDER SPECIALTY	Primary	3

Provider Type

This table indicates all valid provider types.

Table 2.62 - Provider Type

Attribute	Format	Length	Description
CDE PROVIDER TYPE	Character	2	Type for which a provider is licensed.
DSC PROVIDER TYPE	Character	50	Description associated with a provider type code.
IND GROUP	Character	1	When used on this table, this attribute indicates whether a provider type is only valid for a group. A value of 'Y' indicates that a member of a group may not be assigned the corresponding provider type.
IND LICENSE RQRD	Character	1	Indicates whether the corresponding provider type requires a license.
IND LVL CARE RQRD	Character	1	Indicates whether the corresponding provider type requires a level of care segment.
IND PEER GROUP RQRD	Character	1	Indicates whether the corresponding provider type requires a peer group.

Table 2.63 - Key for Table 2.62

Attribute	Type	Length
CDE PROVIDER TYPE	Primary	2

Race

This table contains all the valid race codes and their descriptions.

Table 2.64 - Race

Attribute	Format	Length	Description
CDE RACE	Character	1	Code that maps to a specific race.
DSC RACE	Character	10	Race name

Table 2.65 - Key for Table 2.64

Attribute	Type	Length
CDE RACE	Primary	1

RECIP LOC TOB XREF

This is a cross reference between the type of bill and member's level of care code.

Table 2.66 - RECIP LOC TOB XREF

Attribute	Format	Length	Description
CDE LOC	Character	3	This is the member level of care code. The member level of care code comes from the Recip lev care claims entity.
CDE TYPE OF BILL	Character	3	This is the type of bill code from the UB-92 claim record.
DTE EFFECTIVE	Date	8	The begin date of the LOC/type of bill segment.
DTE END	Date	8	The end date of the LOC/type of bill segment.

Table 2.67 - Key for Table 2.66

Attribute	Type	Length
CDE LOC	Primary	3
CDE TYPE OF BILL	Primary	3
DTE EFFECTIVE	Primary	8

Member Level of Care Code

This table contains all the valid level of care codes for a member.

Table 2.68 - Member Level of Care Code

Attribute	Format	Length	Description
CDE LOC	Character	3	Identifies the level of care for a member
DSC LOC	Character	100	Describes the level of care for the member.

Table 2.69 - Key for Table 2.68

Attribute	Type	Length
CDE LOC	Primary	3

Revenue Code

The revenue code is a three-digit code that identifies a specific accommodation or ancillary service.

Table 2.70 - Revenue Code

Attribute	Format	Length	Description
CDE REVENUE	Integer	3	This identifies a specific accommodation or ancillary service. Revenue codes are determined by HCFA.
DSC REVENUE CODE	Character	70	This describes a specific accommodation or ancillary service.
DTE EFFECTIVE	Date	8	This is the date of service that the revenue code became effective.
DTE END	Date	8	This is the last date of service that the revenue code is effective.
IND INCLUDE OR EXCLUDE PROCED	Character	1	This field indicates whether the associated drug, revenue code, or procedure range is included or excluded from the billing restrictions for a provider.
IND INCLUDE OR EXCLUDE SPEC	Character	1	This field indicates whether the associated provider specialty is included or excluded from the billing restrictions for a revenue code.
NUM RATE ID	Integer	4	This field represents a grouping of revenue codes. Each revenue code has a rate ID number and more than one revenue code has the same number. Revenue codes are grouped this way for use in different pricing methodologies.

Table 2.71 - Key for Table 2.70

Attribute	Type	Length
CDE REVENUE	Primary	3

Revenue Group

This table groups revenue codes by revenue type. This is used by various parts of the system for different processing methodologies.

Table 2.72 - Revenue Group

Attribute	Format	Length	Description
CDE REVENUE	Integer	3	This identifies a specific accommodation or ancillary service. Revenue codes are determined by HCFA.
DTE EFFECTIVE	Date	8	The date that the revenue code is to become effective for the revenue type in claims processing.
DTE END	Date	8	The date that the revenue code is to be no longer in effect for the revenue type in claims processing.
SAK SHORT REV TYPE	Integer	4	System-assigned key for a unique revenue type that represents a collection of revenue codes.

Table 2.73 - Key for Table 2.72

Attribute	Type	Length
CDE REVENUE	Primary	3
DTE EFFECTIVE	Primary	8
SAK SHORT REV TYPE	Primary	4

Revenue Type

A revenue type is associated with a group of revenue codes. It is used to identify revenue codes for use in certain processing methodologies. For example, Surgery is a revenue type.

Table 2.74 - Revenue Type

Attribute	Format	Length	Description
DSC 25	Character	25	Describes the revenue type, for example, Recovery Room.
SAK SHORT REV TYPE	Integer	4	System-assigned key for a unique revenue type, that represents a collection of revenue codes.

Table 2.75 - Key for Table 2.74

Attribute	Type	Length
SAK SHORT REV TYPE	Primary	4

Subprogram

This table contains all the valid public health subprograms in Indiana*AIM*.

Table 2.76 - Subprogram

Attribute	Format	Length	Description
CDE PGM HEALTH SUBPROGRAM	Character	1	This is a code that is used to identify a public health subprogram.
DSC PGM HEALTH SUBPROGRAM	Character	25	Description of public health subprogram.
IND INCLUDE OR EXCLUDE PROCED	Character	1	Indicates whether the associated list of procedure codes is valid or invalid for the health coverage subprogram.
SAK PUB HLTH	Integer	9	System-assigned key to uniquely identify each State program.
SAK SUBPROGRAM	Integer	9	This field is used to identify the program that is representative of the subprogram on the program table.

Table 2.77 - Key for Table 2.76

Attribute	Type	Length
CDE PGM HEALTH SUBPROGRAM	Primary	1
SAK PUB HLTH	Primary	9

Type of Bill

This table contains the valid types of bills and their descriptions.

Table 2.78 - Type of Bill

Attribute	Format	Length	Description
CDE TYPE OF BILL	Character	3	Code that indicates a specific type of facility.
DSC TYPE OF BILL	Character	20	Describes the specific type of facility.
IND INCLUDE OR EXCLUDE PROCED	Character	1	Code that indicates whether the associated list of procedure codes is valid or invalid for the type of bill.

Table 2.79 - Key for Table 2.78

Attribute	Type	Length
CDE TYPE OF BILL	Primary	3

Section 3: Provider Information

Overview

The provider information in the decision support database consists of the basic information about all providers, their addresses, eligibility, and enrollment.

Population Method

Provider information tables are linked to the production tables that are updated daily.

Access Strategies

The provider subset of information should not pose any response time issues. Use of the table keys, however, improves performance.
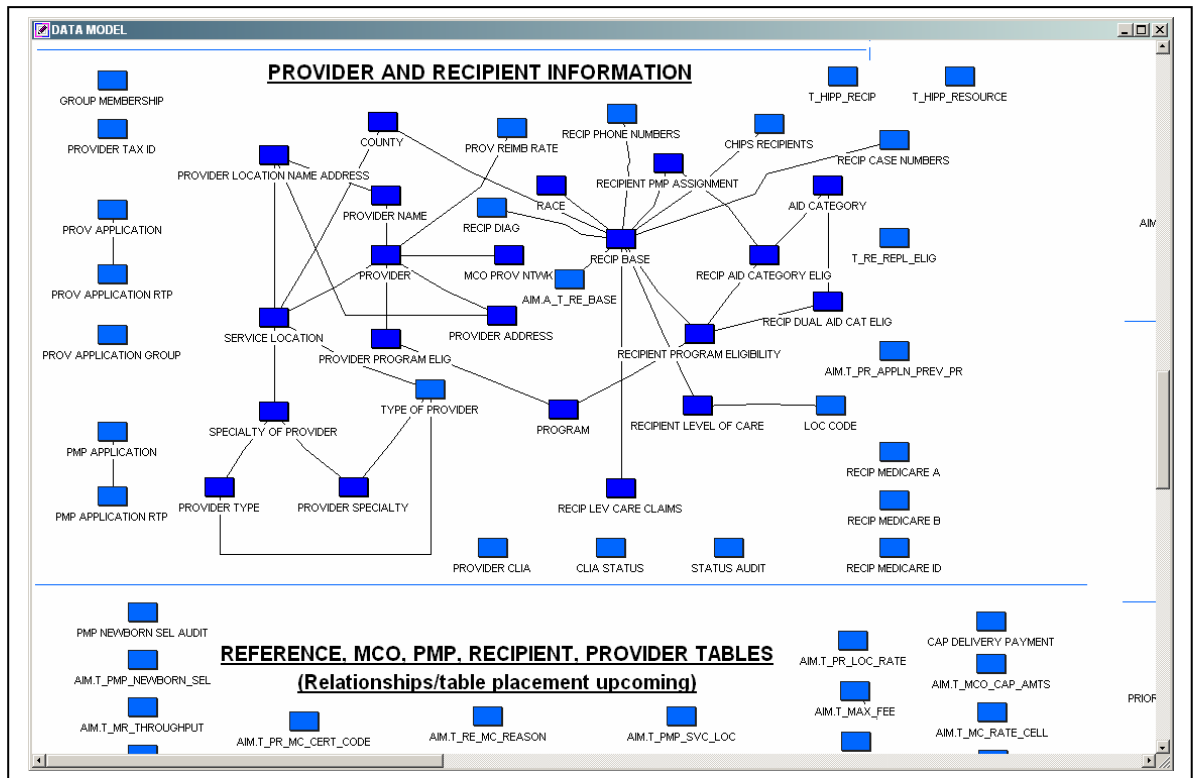
Application Data Model

Figure 3.1 – Application Data Model

Attribute/Entity List

Table 3.1 – Attribute Entity List

Attribute	Entity
ADR CITY MAILING	PROVIDER ADDRESS
ADR STATE MAILING	PROVIDER ADDRESS
ADR STREET 1 MAILING	PROVIDER ADDRESS
ADR STREET 2 MAILING	PROVIDER ADDRESS
ADR ZIP CODE 4 MAILING	PROVIDER ADDRESS
ADR ZIP CODE MAILING	PROVIDER ADDRESS
CDE COUNTY	SERVICE LOCATION
CDE ENROLL STATUS	PROVIDER PROGRAM ELIG
CDE ORGANIZATION	SERVICE LOCATION
CDE PEER GROUP	SERVICE LOCATION
CDE PROVIDER SPECIALTY	SPECIALTY OF PROVIDER
CDE PROVIDER SPECIALTY PRIMARY	GROUP MEMBERSHIP
CDE PROVIDER SUBSPECIALTY	SPECIALTY OF PROVIDER
CDE PROVIDER TYPE	GROUP MEMBERSHIP SPECIALTY OF PROVIDER
CDE SERVICE LOCATION	GROUP MEMBERSHIP PROVIDER LOCATION NAME ADDRESS SERVICE LOCATION SPECIALTY OF PROVIDER
CDE STATE REGION	MCO PROVIDER NETWORK
DTE ARA EFFECTIVE	SERVICE LOCATION
DTE ECC EFF	SERVICE LOCATION
DTE EFFECTIVE	GROUP MEMBERSHIP MCO PROVIDER NETWORK PROVIDER PROGRAM ELIG SPECIALTY OF PROVIDER
DTE END	GROUP MEMBERSHIP MCO PROVIDER NETWORK PROVIDER PROGRAM ELIG SPECIALTY OF PROVIDER

(Continued)

DTE END PAPER RA	SERVICE LOCATION

Table 3.1 – Attribute Entity List

Attribute	Entity
DTE SUPPRESS CHECK	SERVICE LOCATION
ID PROVIDER	PROVIDER
IND ADDRESS TYPE	PROVIDER LOCATION NAME ADDRESS
IND MANAGED CARE	GROUP MEMBERSHIP
	SERVICE LOCATION
IND MCO PMP	MCO PROVIDER NETWORK
IND NAM TYPE	PROVIDER NAME
IND PROVIDER ON REVIEW	PROVIDER
IND PROVIDER OWNERSHIP	PROVIDER
NAM	PROVIDER NAME
NAM TITLE	PROVIDER NAME
NUM PHO	PROVIDER ADDRESS
NUM PHO EXTENSION	PROVIDER ADDRESS
NUM PROVIDER LICENSE	GROUP MEMBERSHIP
NUM UPIN	PROVIDER
SAK BILL SVC	SERVICE LOCATION
SAK MCO	MCO PROVIDER NETWORK
SAK PROV	GROUP MEMBERSHIP
	MCO PROVIDER NETWORK
	PROVIDER
	PROVIDER ADDRESS
	PROVIDER LOCATION NAME ADDRESS
	PROVIDER NAME
	PROVIDER PROGRAM ELIG
	SERVICE LOCATION
	SPECIALTY OF PROVIDER
SAK PROV GROUP	GROUP MEMBERSHIP
	MCO PROVIDER NETWORK
SAK PUB HLTH	PROVIDER PROGRAM ELIG

(Continued)

SAK SHORT ADDRESS	PROVIDER ADDRESS
	PROVIDER LOCATION NAME ADDRESS

Table 3.1 – Attribute Entity List

Attribute	Entity
SAK SHORT KEYS	GROUP MEMBERSHIP PROVIDER PROGRAM ELIG SPECIALTY OF PROVIDER
SAK SHORT NAME	GROUP MEMBERSHIP PROVIDER LOCATION NAME ADDRESS PROVIDER NAME

Entity/Attribute List

Group Membership

This table contains a list of all group providers and their associated group members.

Table 3.2 – Group Memberships

Attribute	Format	Length	Description
CDE PROVIDER SPECIALTY PRIMARY	Character	3	This field contains the provider specialty that is the main focus of the provider's practice. Each provider type must have a primary specialty and the primary specialty must be one of the provider's existing specialties.
CDE PROVIDER TYPE	Character	2	This is the provider type for which a provider is licensed.
CDE SERVICE LOCATION	Character	1	Suffix added to the provider number to identify the various locations where a provider does business.
DTE EFFECTIVE	Date	8	Date that the provider is effective with this group.
DTE END	Date	8	Date that the provider is no longer effective with this group.
IND MANAGED CARE	Character	1	Indicates whether this group provider member is associated with this group as a PMP provider.
NUM PROVIDER LICENSE	Character	10	A provider license number.
SAK PROV	Integer	9	Provider-system-assigned key to uniquely identify a provider within the system.
SAK PROV GROUP	Integer	9	Group provider-system-assigned key to uniquely identify a group provider within the system.
SAK SHORT KEYS	Integer	4	This is the system-assigned internal key that is two bytes long. It is used to uniquely identify a row without using updatable attributes.
SAK SHORT NAME	Integer	4	This is the system-assigned internal key that is two bytes long.

Table 3.3 - Key for Table 3.2

Attribute	Type	Length
CDE SERVICE LOCATION	Primary	1
DTE EFFECTIVE	Secondary	8
DTE END	Secondary	8
SAK PROV	Secondary	9
SAK PROV	Primary	9
SAK PROV GROUP	Primary	9
SAK SHORT KEYS	Primary	4

MCO Provider Network

This table contains information about MCOs provider network.

Table 3.4 - MCO Provider Network

Attribute	Format	Length	Description
CDE STATE REGION	Character	1	This is the code that designates the region in which the MCO is operating for IHCP members.
DTE EFFECTIVE	Date	8	The date that the provider became a member of this MCO
DTE END	Date	8	The date that a provider ended membership with the MCO.
IND MCO PMP	Character	1	Indicates whether the provider is participating with the MCO as a PMP provider or specialist.
SAK MCO	Integer	9	MCO system-assigned key to uniquely identify a MCO within the system.
SAK PROV	Integer	9	Provider system-assigned key to uniquely identify a provider within the system.
SAK PROV GROUP	Integer	9	Group provider-system-assigned key to uniquely identify a group provider within the system.

Table 3.5 - Key for Table 3.4

Attribute	Type	Length
CDE STATE REGION	Primary	1
DTE EFFECTIVE	Primary	8
SAK MCO	Primary	9
SAK PROV	Primary	9
SAK PROV GROUP	Primary	9

Provider

The Provider table contains information about each IHCP provider including provider number, Universal provider identification number, review status, and owner interest.

Table 3.6 - Provider

Attribute	Format	Length	Description
ID PROVIDER	Character	9	The provider identification number used by the provider.
IND PROVIDER ON REVIEW	Character	1	This field indicates whether a provider is on review.
IND PROVIDER OWNERSHIP	Character	1	This indicator denotes whether a provider has an ownership interest in another provider's business.
NUM UPIN	Character	6	This is the universal provider identification number.
SAK PROV	Integer	9	System-assigned key that uniquely identifies the provider enrollment tracking.

Table 3.7 - Key for Table 3.6

Attribute	Type	Length
SAK PROV	Primary	9

Provider Address

The Provider Address table contains the mailing address and phone number of each provider.

Table 3.8 - Provider Address

Attribute	Format	Length	Description
ADR CITY MAILING	Character	15	Mailing address city where a provider would receive business mail.
ADR STATE MAILING	Character	2	Mailing address state where a provider would receive business mail.
ADR STREET 1 MAILING	Character	30	Mailing address street 1 is the street address for a provider.
ADR STREET 2 MAILING	Character	30	Mailing address street 2 is the mailing address for a provider.
ADR ZIP CODE 4 MAILING	Character	4	Mailing address ZIP code plus four is the last four digits of a ZIP code.
ADR ZIP CODE MAILING	Character	5	Mailing address ZIP code is the first five digits of the ZIP code for a business mailing ZIP code.
NUM PHO	Character	10	This is a phone number in the format area code + prefix plus suffix.
NUM PHO EXTENSION	Character	4	A phone number extension.
SAK PROV	Integer	9	Provider system-assigned key to uniquely identify a provider within the system.
SAK SHORT ADDRESS	Integer	4	This field is the internal ID that uniquely identifies an occurrence of the address attribute.

Table 3.9 - Key for Table 3.8

Attribute	Type	Length
SAK PROV	Primary	9
SAK SHORT ADDRESS	Primary	4

Provider Location Name Address

The Provider Location Name Address table is a cross reference table between the provider's location and its name and address.

Table 3.10 - Provider Location Name Address

Attribute	Format	Length	Description
CDE SERVICE LOCATION	Character	1	Suffix added to the provider number to identify the various locations where a provider does business.
IND ADDRESS TYPE	Character	1	This field indicates the address usage. Values are "H" - home office, "M" - mail, "S" - service location, and "P" - Pay to.
SAK PROV	Integer	9	System-assigned key used to uniquely identify a provider within the system.
SAK SHORT ADDRESS	Integer	4	This field is the internal ID that uniquely identifies an occurrence of the address attribute.
SAK SHORT NAME	Integer	4	This field is an internal system-assigned key that uniquely identifies an individual or institution's name.

Table 3.11 - Key for Table 3.10

Attribute	Type	Length
CDE SERVICE LOCATION	Primary	1
IND ADDRESS TYPE	Primary	1
SAK PROV	Primary	9
SAK SHORT ADDRESS	Secondary	4
SAK SHORT NAME	Secondary	4

Provider Name

The Provider Name table contains the names and titles of the providers.

Table 3.12 - Provider Name

Attribute	Format	Length	Description
IND NAM TYPE	Character	1	This is an indicator of whether a name is that of a person or an organization.
NAM	Character	39	This is the name associated with an organization or person.
NAM TITLE	Character	15	This field indicates the professional title of an individual.
SAK PROV	Integer	9	Provider system-assigned key to uniquely identify a provider within the system.
SAK SHORT NAME	Integer	4	This field is an internal system-assigned key that uniquely identifies an individual or institution's name.

Table 3.13 - Key for Table 3.12

Attribute	Type	Length
NAM	Secondary	39
SAK PROV	Primary	9
SAK SHORT NAME	Primary	4

Provider Program Elig

The Provider Program Eligibility table is a cross-reference between the providers and the programs for which they are eligible.

Table 3.14 - Provider Program Elig

Attribute	Format	Length	Description
CDE ENROLL STATUS	Character	1	This is the letter assigned to the enrollment status description to uniquely identify it. Examples of valid values are R=Retired, D=Deceased, M=Return Mail, I=Term by IFSSA, H=Term by HCFA, B=Term by HPB, and A=Active.
DTE EFFECTIVE	Date	8	Effective date for a provider's program eligibility. Used to signify the start of a span or period of program eligibility.
DTE END	Date	8	The date that a provider's program eligibility is no longer in effect.
SAK PROV	Integer	9	System-assigned key used to uniquely identify a provider within the system.
SAK PUB HLTH	Integer	9	System-assigned key used to uniquely identify each State program.
SAK SHORT KEYS	Integer	4	This is the system-assigned internal key that is two bytes long. It is used to uniquely identify a row without using updatable attributes.

Table 3.15 - Key for Table 3.14

Attribute	Type	Length
SAK PROV	Primary	9
SAK PUB HLTH	Primary	9
SAK SHORT KEYS	Primary	4

Service Location

The service location identifies the various locations that a provider does business.

Table 3.16 - Service Location

Attribute	Format	Length	Description
CDE COUNTY	Character	2	Numeric representation of county in the state of Indiana.
CDE ORGANIZATION	Character	1	This code identifies the proprietary nature of a provider's practice. (1-Individual, 2-Partnership, 3-Corporation, and so on)
CDE PEER GROUP	Character	1	This field indicates the peer group for a provider's service location.
CDE SERVICE LOCATION	Character	1	Suffix added to the provider number to identify the various locations where a provider does business.
DTE ARA EFFECTIVE	Date	8	This field indicates the date that a provider became eligible to receive an automated remittance advice.
DTE ECC EFF	Date	8	This is the date that a provider became eligible to submit claims electronically.
DTE END PAPER RA	Date	8	This date indicates when a provider stops receiving paper copies of RAS.
DTE SUPPRESS CHECK	Date	8	This field indicates whether a provider is having its check suppressed or not.
IND MANAGED CARE	Character	1	This field indicates whether this service location is accepting Hoosier Healthwise assignments for managed care. A primary medical provider is restricted to a maximum of two Hoosier Healthwise service locations at any time.
SAK BILL SVC	Integer	9	Internal code used to uniquely identify a billing service.
SAK PROV	Integer	9	Provider system-assigned key to uniquely identify a provider within the system.

Table 3.17 - Key for Table 3.16

Attribute	Type	Length
CDE SERVICE LOCATION	Primary	1
SAK PROV	Primary	9

Specialty of Provider

The specialized area of practice for a provider.

Table 3.18 - Specialty of Provider

Attribute	Format	Length	Description
CDE PROVIDER SPECIALTY	Character	3	A code representing the specialized area of practice for a provider.
CDE PROVIDER SUBSPECIALTY	Character	3	A designation indicating the scope of practice or operations of the provider within a provider specialty.
CDE PROVIDER TYPE	Character	2	This is the provider for which that a provider is licensed.
CDE SERVICE LOCATION	Character	1	Suffix added to the provider number to identify the various locations where a provider does business.
DTE EFFECTIVE	Date	8	The date the specialty of a provider becomes valid (effective).
DTE END	Date	8	The date the specialty of a provider is no longer valid.
SAK PROV	Integer	9	Provider system-assigned key to uniquely identify a provider within the system.
SAK SHORT KEYS	Integer	4	This is the system-assigned internal key that is two bytes long. It is used to uniquely identify a row without using updatable attributes.

Table 3.19 - Key for Table 3.18

Attribute	Type	Length
CDE SERVICE LOCATION	Primary	1
SAK PROV	Primary	9
SAK SHORT KEYS	Primary	4

Section 4: Member Information

Overview

Member information in the decision support database consists of the basic information about all members, program eligibility, and enrollment information.

Population Method

The member information tables are linked to the production tables that are updated daily.

Access Strategies

The member subset of information may cause response time issues. The use of the table keys, however, improves performance.
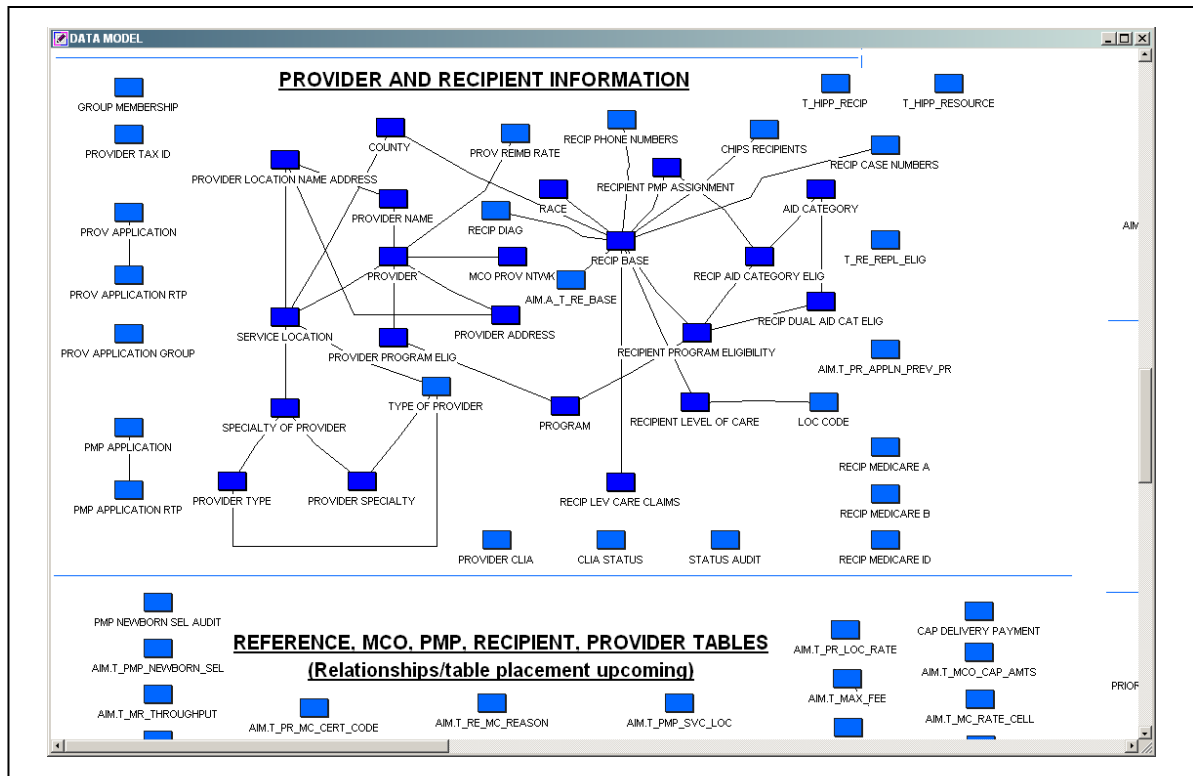
Application Data Model

Figure 4.1 – Application Data Model Window

Attribute to Entity List

Table 4.1 – Attribute to Entity List

Attribute	Entity
ADR CITY	RECIP BASE
ADR STATE	RECIP BASE
ADR STREET 1	RECIP BASE
ADR STREET 2	RECIP BASE
ADR ZIP CODE	RECIP BASE
ADR ZIP CODE 4	RECIP BASE
CDE COUNTY	RECIP BASE
CDE COUNTY WARD	RECIP BASE
CDE FACILITY	RECIP BASE
CDE LOC	RECIP LEV CARE CLAIMS
	MEMBER LEVEL OF CARE
CDE LOC STOP	MEMBER LEVEL OF CARE
CDE MARITAL STATUS	RECIP BASE
CDE PGM HEALTH SUBPROGRAM	MEMBER PMP ASSIGNMENT
CDE PRIMARY LANGUAGE	RECIP BASE
CDE RACE	RECIP BASE
CDE REASON MC START	MEMBER PMP ASSIGNMENT
CDE REASON MC STOP	MEMBER PMP ASSIGNMENT
CDE REASON START	MEMBER LEVEL OF CARE
CDE REASON STOP	RECIP AID CATEGORY ELIGIBILITY
CDE SERVICE LOCATION	MEMBER PMP ASSIGNMENT
CDE SEX	RECIP BASE
CDE SOURCE PATIENT	MEMBER LEVEL OF CARE
CDE STATE REGION	MEMBER PMP ASSIGNMENT
CDE STATUS 1	RECIP AID CATEGORY ELIGIBILITY
	MEMBER PROGRAM ELIGIBILITY
CDE WARD TYPE	RECIP BASE
DTE ADDED	MEMBER PMP ASSIGNMENT
DTE BIRTH	RECIP BASE

(Continued)

DTE DEATH	RECIP BASE

Table 4.1 – Attribute to Entity List

Attribute	Entity
DTE EFFECTIVE	RECIP AID CATEGORY ELIGIBILITY
	RECIP DUAL AID CAT ELIG
	RECIP LEV CARE CLAIMS
	MEMBER LEVEL OF CARE
	MEMBER PMP ASSIGNMENT
	MEMBER PROGRAM ELIGIBILITY
DTE END	RECIP AID CATEGORY ELIGIBILITY
	RECIP DUAL AID CAT ELIG
	RECIP LEV CARE CLAIMS
	MEMBER LEVEL OF CARE
	MEMBER PMP ASSIGNMENT
	MEMBER PROGRAM ELIGIBILITY
DTE LAST CHANGED	MEMBER LEVEL OF CARE
ID MEDICAID RECIP	RECIP BASE
ID REVIEWER	MEMBER LEVEL OF CARE
IND ACTIVE	RECIP BASE
IND ALIEN	RECIP BASE
IND EMPTY BED	MEMBER LEVEL OF CARE
IND MONEY GRANT	RECIP BASE
IND MEMBER CHANGE LETTER SENT	MEMBER PMP ASSIGNMENT
IND SUSPECT	RECIP BASE
NAM FIRST	RECIP BASE
NAM LAST RECIP	RECIP BASE
NAM MIDDLE INITIAL	RECIP BASE
NUM SSN	RECIP BASE
SAK AID ELIG	RECIP AID CATEGORY ELIGIBILITY
SAK CASE	RECIP BASE

(Continued)

SAK CDE AID	RECIP AID CATEGORY ELIGIBILITY
	RECIP DUAL AID CAT ELIG

Table 4.1 – Attribute to Entity List

Attribute	Entity
SAK DUAL AID ELIG	RECIP DUAL AID CAT ELIG
SAK MCO	MEMBER PMP ASSIGNMENT
SAK PMP SERVICE LOCATION	MEMBER PMP ASSIGNMENT
SAK PROV	MEMBER LEVEL OF CARE
	MEMBER PMP ASSIGNMENT
SAK PROV GROUP	MEMBER PMP ASSIGNMENT
SAK PUB HLTH	MEMBER PROGRAM ELIGIBILITY
SAK RECIP	RECIP AID CATEGORY ELIGIBILITY
	RECIP BASE
	RECIP DUAL AID CAT ELIG
	RECIP LEV CARE CLAIMS
	MEMBER LEVEL OF CARE
	MEMBER PMP ASSIGNMENT
	MEMBER PROGRAM ELIGIBILITY
SAK SHORT LOC	MEMBER LEVEL OF CARE
SAK SHORT PGM ELIG	RECIP AID CATEGORY ELIGIBILITY
	MEMBER PROGRAM ELIGIBILITY

Entity to Attribute List

Recip Aid Category Eligibility

The Member Aid Category Eligibility table contains the members's aid category eligibility segments. An aid category eligibility segment specifies a period of time that the member is eligible for IHCP coverage in that aid category. Each segment is maintained by effective start and end date. For each date range, there is a corresponding aid category that is used to determine what services are included in the member IHCP coverage for that period of time.

Table 4.2 – Recip Aid Category Eligibility

Attribute	Format	Length	Description
CDE REASON STOP	Character	1	The stop reason code describes why the member is no longer eligible for the corresponding aid category.
CDE STATUS 1	Character	1	Identifies whether the eligibility aid segment is active. A blank means that the segment is active. An 'H' means that the segment is history and no longer active.
DTE EFFECTIVE	Date	8	The date that the member becomes eligible for the corresponding aid category.
DTE END	Date	8	The date that the member is no longer eligible for the corresponding aid category.
SAK AID ELIG	Integer	9	System-assigned key used to uniquely identify an eligibility segment.
SAK CDE AID	Integer	9	System-assigned key to uniquely identify an eligibility aid category code. Used to obtain the aid category code from the aid category entity.
SAK RECIP	Integer	9	The system-assigned key used to uniquely identify a member.
SAK SHORT PGM ELIG	Integer	4	Used along with the SAK RECIP to uniquely identify an eligibility segment for a particular member.

Table 4.3 - Key for Table 4.2

Attribute	Type	Length
SAK AID ELIG	Primary	9
SAK RECIP	Secondary	9

Recip Base

The member base contains basic information, such as name and address of a member. A member is a person that receives IHCP coverage or coverage under a special state funded program.

Table 4.4 - Recip Base

Attribute	Format	Length	Description
ADR CITY	Character	15	The city where the member resides.
ADR STATE	Character	2	The state where the member resides.
ADR STREET 1	Character	30	The first line of the member's street address.
ADR STREET 2	Character	30	The second line of a member's street address.
ADR ZIP CODE	Character	5	The five character ZIP code for the member.
ADR ZIP CODE 4	Character	4	The ZIP plus four of the member.
CDE COUNTY	Character	2	Indicates the county where the member resides.
CDE COUNTY WARD	Character	2	This is the county associated with a ward.
CDE FACILITY	Character	3	Indicates the facility code where the 590 member resides.
CDE MARITAL STATUS	Character	1	Indicates the marital status of a member.
CDE PRIMARY LANGUAGE	Character	1	Indicates the primary language for the member.
CDE RACE	Character	1	Indicates the race of the member.
CDE SEX	Character	1	Indicates the sex of the member.
CDE WARD TYPE	Character	1	This is a code that represents the type of ward.
DTE BIRTH	Date	8	The date of birth for the member.
DTE DEATH	Date	8	The date of death for the member.
ID MEDICAID RECIP	Character	12	Unique identifier for the member. This is the number assigned by ICES.
IND ACTIVE	Character	1	Indicates if the member's member ID (RID) is active or purged because of a link. When two RIDs are linked one of them is essentially no longer valid and has an IND ACTIVE value of 'N'. All others have a 'Y'.
IND ALIEN	Character	1	The member's citizenship status. A member is enrolled in the IHCP as a legal alien, illegal alien, or U.S. citizen. Only emergency services are provided for illegal aliens.
IND MONEY GRANT	Character	1	Identifies that the member receives a Money Grant.

(Continued)

IND SUSPECT	Character	1	Indicates the member's file is being monitored by Program Integrity (PI) or the contractor for claim

Table 4.4 - Recip Base

Attribute	Format	Length	Description
			irregularity.
NAM FIRST	Character	13	The first name of a member.
NAM LAST RECIP	Character	15	The last name of a member.
NAM MIDDLE INITIAL	Character	1	The middle initial of the member.
NUM SSN	Character	9	The social security number for a member.
SAK CASE	Integer	9	The system-assigned key for the member's case.
SAK RECIP	Integer	9	The system-assigned internal key for a unique member.

Table 4.5 - Key for Table 4.4

Attribute	Type	Length
CDE COUNTY	Secondary	2
DTE BIRTH	Secondary	8
ID MEDICAID RECIP	Secondary	12
NAM LAST RECIP	Secondary	15
NUM SSN	Secondary	9
SAK CASE	Secondary	9
SAK RECIP	Primary	9

RECIP DUAL AID CAT ELIG

This entity shows the eligibility for members who are enrolled in QMB, SLMB, or QDWI in addition to another aid category.

Table 4.6 - RECIP DUAL AID CAT ELIG

Attribute	Format	Length	Description
DTE EFFECTIVE	Date	8	The date that the IHCP becomes eligible for the corresponding aid category.
DTE END	Date	8	The date that the IHCP is no longer eligible for the corresponding aid category.
SAK CDE AID	Integer	9	Uniquely identifies an eligibility aid category code. Used to obtain the aid category code from the aid category entity
SAK DUAL AID ELIG	Integer	9	The system-assigned key to uniquely assign an entry in the member dual aid category eligibility entity.
SAK RECIP	Integer	9	The members system-assigned key.

Table 4.7 - Key for Table 4.6

Attribute	Type	Length
SAK CDE AID	Secondary	9
SAK DUAL AID ELIG	Primary	9
SAK RECIP	Secondary	9

RECIP LEV Care Claims

This entity stores consolidated active level of care segments for members. The segments are consolidated for level of care codes I,S, and R with start reason codes that signify an active segment. If two contiguous segments have the same level of care code and are active they are consolidated into one segment. This will simplify processing for claims pricing. This entity does not appear on any window but is updated in the background due to activity on the Member Level of Care window.

Table 4.8 - RECIP LEV Care Claims

Attribute	Format	Length	Description
CDE LOC	Character	3	The level of care code for the segment
DTE EFFECTIVE	Date	8	The date that the level of care segment becomes efffective for the member.
DTE END	Date	8	The last day that the level of care segment is effective for the membert
SAK RECIP	Integer	9	System-assigned key to uniquely identify a member

Table 4.9 - Key for Table 4.8

Attribute	Type	Length
DTE EFFECTIVE	Primary	8
SAK RECIP	Primary	9

Member Level of Care

This is the level of care information for a member. A member may
have different levels of care over time. Each level of care segment is
maintained by effective and stop date. Each segment contains a level
of care code and, if applicable, the long term care provider number.

Table 4.10 Member Level of Care

Attribute	Format	Length	Description
CDE LOC	Character	3	Identifies the level of care authorized for the member at a particular point in time.
CDE LOC STOP	Character	3	The reason a member is no longer authorized to receive the corresponding level of care
CDE REASON START	Character	3	The reason the member is authorized to receive the corresponding level of care.
CDE SOURCE PATIENT	Character	2	Identifies where the member resided prior to admission to the corresponding provider long term care facility.
DTE EFFECTIVE	Date	8	The date that the corresponding provider is authorized to bill for the level of care.
DTE END	Date	8	The date that the corresponding provider is no longer authorized to bill for the member's level of care.
DTE LAST CHANGED	Date	8	The date that the level of care segment was last changed.
ID REVIEWER	Character	3	Identifies the individual who made prior review determination for the member's level of care.
IND EMPTY BED	Character	1	Indicates why the long term care member came to Indiana from another state
SAK PROV	Integer	9	The system-assigned key that uniquely identifies a provider. Used to obtain the provider ID of the institution that is authorized to bill for long term care rendered to the member.
SAK RECIP	Integer	9	The system-assigned key to uniquely identify a member.
SAK SHORT LOC	Integer	4	Uniquely identifies a level of care segment for a particular member.

Table 4.11 - Key for Table 4.10

Attribute	Type	Length
SAK RECIP	Primary	9
SAK SHORT LOC	Primary	4

Recipient PMP Assignment

This describes a member PMP assignment. This information is required for a member to be linked to a PMP and to participate in either the PCCM or RBMC managed care programs.

Table 4.12 - Member PMP Assignment

Attribute	Format	Length	Description
CDE PGM HEALTH SUBPROGRAM	Character	1	Identifies the program into which this PMP accepted enrollment of this member: (PCCM or RBMC). Managed Care policy states that a PMP can only accept enrollment into one program at a time. The valid values for this field are: P - PCCM or R - RBMC
CDE REASON MC START	Character	2	Indicates the reason a member's PMP segment for managed care eligibility was started. These codes are carried on table T_RE_PMP_REASON.
CDE REASON MC STOP	Character	2	Indicates the reason a member's PMP segment for managed care eligibility was stopped. These codes are carried on table T_RE_PMP_REASON.
CDE SERVICE LOCATION	Character	1	Suffix added to the provider number to identify the various locations where a provider does business. This is the managed care service location selected for the member's PMP. It is selected by the member, from the open program or auto-assignment.
CDE STATE REGION	Character	1	This is the code that designates the MCO regions that are currently active in the managed care RBMC program.
DTE ADDED	Date	8	Date the member was assigned to a PMP.
DTE EFFECTIVE	Date	8	The effective date when a member began using this provider as a PMP. This date cannot be prior to the member's IHCP eligibility date.
DTE END	Date	8	The date that the member is no longer using this provider as a PMP.

(Continued)

IND MEMBER CHANGE LETTER SENT	Character	1	This is the indicator to tell whether the confirmation letter has been sent to the

Table 4.12 - Member PMP Assignment

Attribute	Format	Length	Description
			member on this assignment.
SAK MCO	Integer	9	Provider system-assigned key to uniquely identify a MCO within the system. This is the RBMC program's MCO with which the PMP is affiliated .
SAK PMP SERVICE LOCATION	Integer	9	The unique system-assigned key to identify a PMPs service location.
SAK PROV	Integer	9	Provider system-assigned key to uniquely identify a provider within the system. This is the Primary Medical Provider (PMP) of the member.
SAK PROV GROUP	Integer	9	Provider group system-assigned key to uniquely identify a PMP group, if any, within the system, with which the PMP is affiliated.
SAK RECIP	Integer	9	Member system-assigned internal key to uniquely identify IHCP members participating in the managed care program.

Table 4.13 - Key for Table 4.12

Attribute	Type	Length
CDE SERVICE LOCATION	Secondary	1
DTE EFFECTIVE	Primary	8
SAK MCO	Secondary	9
SAK PMP SERVICE LOCATION	Primary	9
SAK PROV	Secondary	9
SAK PROV GROUP	Secondary	9
SAK RECIP	Secondary	9
SAK RECIP	Primary	9

Recipient Program Eligibility

The Member Program Eligibility table contains the member's program eligibility segments. An eligibility segment specifies a period of time that the member is eligible for IHCP coverage. Each eligibility segment is maintained by effective start and end date.

Table 4.14 - Member Program Eligibility

Attribute	Format	Length	Description
CDE STATUS 1	Character	1	The status code for the program eligibility segment. A blank means the segment is active and an 'H' means that the segment is history and no longer valid
DTE EFFECTIVE	Date	8	The date that the member becomes eligible for the corresponding Indiana Health Coverage program.
DTE END	Date	8	The date that the member is no longer eligible for the corresponding Indiana Health Coverage.
SAK PUB HLTH	Integer	9	Uniquely identifies a program code. Used to obtain the program code from the program entity.
SAK RECIP	Integer	9	The member's system-assigned key.
SAK SHORT PGM ELIG	Integer	4	Used along with the SAK RECIP to uniquely identify an eligibility segment for a particular member.

Table 4.15 - Key for Table 4.14

Attribute	Type	Length
SAK PUB HLTH	Secondary	9
SAK RECIP	Primary	9
SAK SHORT PGM ELIG	Primary	4

Section 5: Claims History Information

Overview

Claims history information is available for 36 months of information.

Population Method

The claims information is linked into the decision support database by fiber optic links. The data physically resides on the INHISP1 database. Database views of the information for 12 quarters are created and maintained by the Database Administrator The links provide weekly updates of claims history information.

Access Strategies

Claims History (Big History) is composed of all attributes that are stored for a claim. The history tables are partitioned or segmented by quarters. Each quarter has a unique schema name (AIM01, AIM02, ..., AIM15). The main index to the tables is SAK_CLAIM, and this index should be used as much as possible when executing queries.

The main access strategy for accessing claims history involves creating subsets of history (in user defined tables) based on provider, member, or other criteria. When possible, history should be accessed by a single table at a time. Once a single user-defined table is built with this information, the user-defined table should be used to access and create additional tables. The following is an example:

1. Determine what group of providers are necessary, create a query, and build a table of the provider information.

2. Create queries against the history header information using the above provider list to create a user-defined history header table.

3. Create queries against the history detail tables using a list of the SAK_CLAIMS that were created in step 2.

4. Use the user-defined tables to perform the queries necessary to obtain the results of the information requests.

As mentioned, history is partitioned by quarter. The tables displayed in the application contain the information from the current quarter

only. To obtain information from previous quarters, click the **History Partitions** button on the Description screen of the application. This produces a list of the dates associated with each partition. After determining which partitions are necessary for the query, modify the generated SQL by changing the schema name of the History tables used. For further information, contact the reporting specialist.
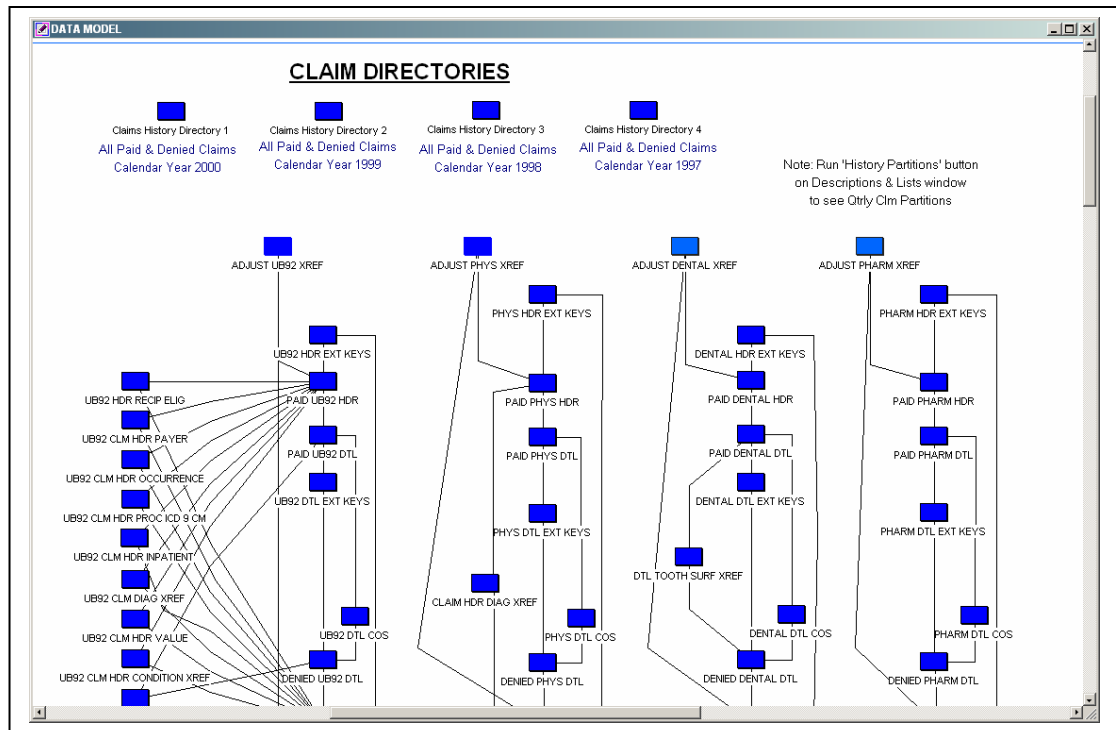
Application Data Model

Figure 5.1 – Application Data Model Window

Attribute to Entity List

Table 5.1 – Attribute to Entity List

Attribute	Entity
AMT	UB92 CLM HDR INPATIENT
AMT ALLOWED	PAID DENTAL DETAIL
	PAID PHARMACY DETAIL
	PAID PHYSICIAN DETAIL
	PAID UB92 DETAIL
AMT AWP	PAID PHARMACY DETAIL
AMT BILLED	DENIED DENTAL DTL
	DENIED DENTAL HDR
	DENIED PHARMACY DTL
	DENIED PHARMACY HDR
	DENIED PHYSICIAN DTL
	DENIED PHYSICIAN HDR
	PAID DENTAL DETAIL
	PAID DENTAL HEADER
	PAID PHARMACY DETAIL
	PAID PHARMACY HEADER
	PAID PHYSICIAN DETAIL
	PAID PHYSICIAN HEADER
AMT BILLED HS DIR	HS DIRECTORY
AMT BILLED UB92	DENIED UB92 DETAIL
	DENIED UB92 HDR
	PAID UB92 DETAIL
	PAID UB92 HEADER
AMT CAPITAL COST	UB92 CLM HDR INPATIENT

(Continued)

Table 5.1 – Attribute to Entity List

Attribute	Entity
AMT CO PAY	DENIED PHYSICIAN HDR
	PAID PHARMACY HEADER
	PAID PHYSICIAN DETAIL
	PAID PHYSICIAN HEADER
	PAID UB92 DETAIL
AMT DISP SHARE	DENIED UB92 HDR
	PAID UB92 HEADER
AMT DUE EST	UB92 CLM HDR PAYER
AMT EAC	PAID PHARMACY DETAIL
AMT MAC	PAID PHARMACY DETAIL
AMT MEDICAL EDUCATION COST	UB92 CLM HDR INPATIENT
AMT NDC PROF FEE	DENIED PHARMACY HDR
	PAID PHARMACY HEADER
AMT NET BILLED	DENIED DENTAL HDR
	DENIED PHARMACY HDR
	DENIED PHYSICIAN HDR
	PAID DENTAL HEADER
	PAID PHARMACY HEADER
	PAID PHYSICIAN HEADER
AMT OUTLIER	UB92 CLM HDR INPATIENT
AMT OVERHEAD	DENIED UB92 HDR
	PAID UB92 HEADER
AMT PAID	CLAIM CHECK XREF
	PAID DENTAL DETAIL
	PAID DENTAL HEADER
	PAID PHARMACY DETAIL
	PAID PHYSICIAN DETAIL
	PAID UB92 DETAIL
	PAID UB92 HEADER
AMT PAID PATIENT UB92	CLAIM HDR TO PAT LIAB XREF
	DENIED UB92 HDR
	PAID UB92 HEADER

(Continued)

Table 5.1 – Attribute to Entity List

Attribute	Entity
AMT PATIENT LIABILITY	DENIED DENTAL HDR
	DENIED PHARMACY HDR
	DENIED PHYSICIAN HDR
	PAID DENTAL HEADER
	PAID PHARMACY HEADER
	PAID PHYSICIAN HEADER
AMT PRIOR PAYMENT	UB92 CLM HDR PAYER
AMT REIMBURSEMENT	DENIED UB92 HDR
	PAID UB92 HEADER
AMT TOTAL REIMBURSEMENT	PAID PHARMACY HEADER
	PAID PHYSICIAN HEADER
AMT TPL	DENIED DENTAL HDR
	DENIED PHARMACY HDR
	DENIED PHYSICIAN HDR
	PAID DENTAL HEADER
	PAID PHARMACY HEADER
	PAID PHYSICIAN HEADER
AMT VALUE	UB92 CLM HDR VALUE
CDE	CLAIM CHECK XREF
	DENIED PHARMACY HDR
	PAID PHARMACY HEADER
	UB92 CLM HDR PAYER
CDE ADMIT HOUR	DENIED UB92 HDR
	PAID UB92 HEADER
CDE ADMIT TYPE	DENIED UB92 HDR
	PAID UB92 HEADER
CDE CERTIFICATE	DENIED PHYSICIAN HDR
	DENIED UB92 HDR
	PAID PHYSICIAN HEADER
	PAID UB92 HEADER

(Continued)

Table 5.1 – Attribute to Entity List

Attribute	Entity
CDE CLAIM TYPE MEDICAID	CLAIM ERROR
	CLAIM LOCATION
	DENIED DENTAL HDR
	DENIED PHARMACY HDR
	DENIED PHYSICIAN HDR
	DENIED UB92 HDR
	HS DIRECTORY
	PAID DENTAL HEADER
	PAID PHARMACY HEADER
	PAID PHYSICIAN HEADER
	PAID UB92 HEADER
CDE CLM STATUS	DENIED DENTAL DTL
	DENIED DENTAL HDR
	DENIED PHARMACY HDR
	DENIED PHYSICIAN DTL
	DENIED PHYSICIAN HDR
	DENIED UB92 DETAIL
	DENIED UB92 HDR
	HS DIRECTORY
	PAID DENTAL DETAIL
	PAID DENTAL HEADER
	PAID PHARMACY HEADER
	PAID PHYSICIAN DETAIL
	PAID PHYSICIAN HEADER
	PAID UB92 DETAIL
	PAID UB92 HEADER

(Continued)

Table 5.1 – Attribute to Entity List

Attribute	Entity
CDE CLM TXN TYPE	DENIED DENTAL HDR
	DENIED PHARMACY HDR
	DENIED PHYSICIAN HDR
	DENIED UB92 HDR
	PAID DENTAL HEADER
	PAID PHARMACY HEADER
	PAID PHYSICIAN HEADER
	PAID UB92 HEADER
CDE COND	UB92 CLM HDR CONDITION XREF
CDE COND SEQ	UB92 CLM HDR CONDITION XREF
CDE COUNTY	DENIED DENTAL HDR
	DENIED PHARMACY HDR
	DENIED PHYSICIAN HDR
	DENIED UB92 HDR
	PAID DENTAL HEADER
	PAID PHARMACY HEADER
	PAID PHYSICIAN HEADER
	PAID UB92 HEADER
CDE DIAG	CLAIM HDR DIAG XREF
	UB92 CLM HDR DIAG XREF
	UB92 CLM HDR INPATIENT
CDE DIAG 2	UB92 CLM HDR INPATIENT
CDE DIAG 3	UB92 CLM HDR INPATIENT
CDE DIAG SEQ	CLAIM HDR DIAG XREF
	UB92 CLM HDR DIAG XREF
CDE DIAG TREATMENT IND	DENIED PHYSICIAN DTL
	PAID PHYSICIAN DETAIL
CDE DISP STATUS	CLAIM ERROR
CDE DRUG FORM	DENIED PHARMACY DTL
	PAID PHARMACY DETAIL

(Continued)

Table 5.1 – Attribute to Entity List

Attribute	Entity
CDE DUR INTERVENTION	DENIED PHARMACY HDR
	PAID PHARMACY HEADER
CDE ICD 9 CM PROCEDURE	UB92 CLM HDR PROC ICD 9 CM
CDE LOC	UB92 CLM HDR INPATIENT
CDE LOCATION	CLAIM LOCATION
CDE MODIFIER	DENIED PHYSICIAN DTL
	PAID PHYSICIAN DETAIL
CDE MODIFIER 2	DENIED PHYSICIAN DTL
	PAID PHYSICIAN DETAIL
CDE MODIFIER 3	DENIED PHYSICIAN DTL
	PAID PHYSICIAN DETAIL
CDE NDC	PHARMACY DETAIL EXT KEYS
CDE NDC STATUS	DENIED PHARMACY DTL
	PAID PHARMACY DETAIL
CDE OCCURRENCE	UB92 CLM HDR OCCURRENCE
CDE OUTCOME DUR	DENIED PHARMACY HDR
	PAID PHARMACY HEADER
CDE PARTITION ID	HS DIRECTORY
CDE PATIENT STATUS	DENIED UB92 HDR
	PAID UB92 HEADER
CDE PLACE OF SERVICE	DENIED DENTAL HDR
	DENIED PHYSICIAN DTL
	PAID DENTAL HEADER
	PAID PHYSICIAN DETAIL
CDE PROCEDURE	DENTAL DETAIL EXT KEYS
	PHYSICIAN DETAIL EXT KEYS
	UB92 CLM HDR INPATIENT
	UB92 DETAIL EXT KEY

(Continued)

Table 5.1 – Attribute to Entity List

Attribute	Entity
CDE PROVIDER SPECIALTY	DENIED DENTAL HDR
	DENIED PHARMACY HDR
	DENIED PHYSICIAN DTL
	DENIED PHYSICIAN HDR
	DENIED UB92 HDR
	PAID DENTAL HEADER
	PAID PHARMACY HEADER
	PAID PHYSICIAN DETAIL
	PAID PHYSICIAN HEADER
	PAID UB92 HEADER
CDE PROVIDER TYPE	DENIED DENTAL HDR
	DENIED PHARMACY HDR
	DENIED PHYSICIAN HDR
	DENIED UB92 HDR
	PAID DENTAL HEADER
	PAID PHARMACY HEADER
	PAID PHYSICIAN HEADER
	PAID UB92 HEADER
CDE REGION	CLAIM ERROR
CDE REVENUE	DENIED UB92 DETAIL
	PAID UB92 DETAIL

(Continued)

Table 5.1 – Attribute to Entity List

Attribute	Entity
CDE SERVICE LOCATION	DENIED DENTAL HDR
	DENIED PHARMACY HDR
	DENIED PHYSICIAN HDR
	DENIED UB92 HDR
	PAID DENTAL HEADER
	PAID PHARMACY HEADER
	PAID PHYSICIAN HEADER
	PAID UB92 HEADER
CDE SERVICE LOCATION REND	DENIED PHYSICIAN DTL
	PAID PHYSICIAN DETAIL
CDE STATUS 1	CLAIM EOB XREF
	CLAIM ERROR
	CLAIM HDR TO PAT LIAB XREF
CDE STATUS ERROR	CLAIM EOB XREF
	CLAIM ERROR
CDE TOOTH NUMBER	DENIED DENTAL DTL
	PAID DENTAL DETAIL
CDE TOOTH SURFACE	CLM DETAIL TOOTH SURFACE XREF
CDE TYPE OF BILL	DENIED UB92 HDR
	PAID UB92 HEADER
CDE VALUE	UB92 CLM HDR VALUE
DTE	CLAIM ERROR
DTE ADMISSION	DENIED UB92 HDR
	PAID UB92 HEADER

(Continued)

Table 5.1 – Attribute to Entity List

Attribute	Entity
DTE BILLED	DENIED DENTAL HDR
	DENIED PHARMACY HDR
	DENIED PHYSICIAN HDR
	DENIED UB92 HDR
	PAID DENTAL HEADER
	PAID PHARMACY HEADER
	PAID PHYSICIAN HEADER
	PAID UB92 HEADER
DTE CLM LOCATION	CLAIM LOCATION
DTE DISPENSE	DENIED PHARMACY HDR
	PAID PHARMACY HEADER
DTE EXPECTED DELIVERY	CLAIM HDR DELIVERY DATE
DTE FIRST SERVICE	DENIED DENTAL DTL
	DENIED DENTAL HDR
	DENIED PHYSICIAN DTL
	DENIED PHYSICIAN HDR
	DENIED UB92 DETAIL
	DENIED UB92 HDR
	HS DIRECTORY
	PAID DENTAL DETAIL
	PAID DENTAL HEADER
	PAID PHYSICIAN DETAIL
	PAID PHYSICIAN HEADER
	PAID UB92 DETAIL
	PAID UB92 HEADER
DTE FROM HOSPITAL	DENIED PHYSICIAN HDR
	PAID PHYSICIAN HEADER
DTE ICD 9 CM PROCEDURE	UB92 CLM HDR PROC ICD 9 CM

(Continued)

Table 5.1 – Attribute to Entity List

Attribute	Entity
DTE LAST SERVICE	DENIED DENTAL HDR
	DENIED PHYSICIAN DTL
	DENIED PHYSICIAN HDR
	DENIED UB92 HDR
	PAID DENTAL HEADER
	PAID PHYSICIAN DETAIL
	PAID PHYSICIAN HEADER
	PAID UB92 HEADER
DTE OCCURRENCE	UB92 CLM HDR OCCURRENCE
DTE OCCURRENCE TO	UB92 CLM HDR OCCURRENCE
DTE PAID	HS DIRECTORY
DTE PRESCRIBE	DENIED PHARMACY HDR
	PAID PHARMACY HEADER
DTE TO DATE	HS DIRECTORY
DTE TO HOSPITAL	DENIED PHYSICIAN HDR
	PAID PHYSICIAN HEADER
DTE YEAR MONTH	CLAIM HDR TO PAT LIAB XREF
ID CLERK	CLAIM ERROR
	DENIED DENTAL HDR
	DENIED PHARMACY HDR
	DENIED PHYSICIAN HDR
	DENIED UB92 HDR
	PAID DENTAL HEADER
	PAID PHARMACY HEADER
	PAID PHYSICIAN HEADER
	PAID UB92 HEADER
ID MEDICAID RECIP	DENTAL HEADER EXT KEYS
	PHARMACY HEADER EXT KEYS
	PHYSICIAN HEADER EXT KEYS
	UB92 HEADER EXT KEY

(Continued)

Table 5.1 – Attribute to Entity List

Attribute	Entity
ID PROVIDER	DENTAL HEADER EXT KEYS
	PHARMACY HEADER EXT KEYS
	PHYSICIAN HEADER EXT KEYS
	UB92 HEADER EXT KEY
ID PROVIDER ATTENDING	DENIED UB92 HDR
	PAID UB92 HEADER
ID PROVIDER OTHER	DENIED UB92 HDR
	PAID UB92 HEADER
ID PROVIDER OTHER 2	DENIED UB92 HDR
	PAID UB92 HEADER
ID PROVIDER PERFORMING	PHYSICIAN DETAIL EXT KEYS
ID PROVIDER PRESCRIBING	DENIED PHARMACY HDR
	PAID PHARMACY HEADER
ID PROVIDER REFERRING	PHYSICIAN HEADER EXT KEYS
IND	UB92 CLM HDR INPATIENT
IND ACCIDENT	DENIED DENTAL HDR
	DENIED PHYSICIAN HDR
	PAID DENTAL HEADER
	PAID PHYSICIAN HEADER
IND ANOTHER PLAN	DENIED DENTAL HDR
	PAID DENTAL HEADER
IND ATTACHMENT	DENIED PHYSICIAN HDR
	PAID PHYSICIAN HEADER
IND BRAND NAME MED NEC	DENIED PHARMACY HDR
	PAID PHARMACY HEADER
IND EMERGENCY	DENIED DENTAL HDR
	DENIED PHARMACY HDR
	DENIED PHYSICIAN DTL
	PAID DENTAL HEADER
	PAID PHARMACY HEADER
	PAID PHYSICIAN DETAIL

(Continued)

Table 5.1 – Attribute to Entity List

Attribute	Entity
IND EPSDT REF	DENIED PHYSICIAN DTL
	PAID PHYSICIAN DETAIL
IND NURSING HOME	DENIED PHARMACY HDR
	PAID PHARMACY HEADER
IND POSSIBLE EC	DENIED DENTAL HDR
	DENIED PHARMACY HDR
	DENIED PHYSICIAN HDR
	DENIED UB92 HDR
	PAID DENTAL HEADER
	PAID PHARMACY HEADER
	PAID PHYSICIAN HEADER
	PAID UB92 HEADER
IND PREGNANCY	DENIED PHARMACY HDR
	DENIED PHYSICIAN DTL
	PAID PHARMACY HEADER
	PAID PHYSICIAN DETAIL
IND PRICING	DENIED DENTAL DTL
	DENIED PHYSICIAN DTL
	PAID DENTAL DETAIL
	PAID PHYSICIAN DETAIL
IND PROVIDER SIGNATURE	DENIED DENTAL HDR
	DENIED PHARMACY HDR
	DENIED PHYSICIAN HDR
	DENIED UB92 HDR
	PAID DENTAL HEADER
	PAID PHARMACY HEADER
	PAID PHYSICIAN HEADER
	PAID UB92 HEADER
IND SYSTEM GENERATED	PAID PHYSICIAN DETAIL
	PAID UB92 DETAIL

(Continued)

Table 5.1 – Attribute to Entity List

Attribute	Entity
NAM FIRST RECIP CLM	DENTAL HEADER EXT KEYS
	PHARMACY HEADER EXT KEYS
	PHYSICIAN HEADER EXT KEYS
	UB92 HEADER EXT KEY
NAM LAST RECIP CLM	DENTAL HEADER EXT KEYS
	PHARMACY HEADER EXT KEYS
	PHYSICIAN HEADER EXT KEYS
	UB92 HEADER EXT KEY
NUM DAY SUPPLY	DENIED PHARMACY HDR
	PAID PHARMACY HEADER
NUM DAYS COVERED	DENIED UB92 HDR
	PAID UB92 HEADER
NUM DTL	CLAIM EOB XREF
	CLAIM ERROR
	CLM DETAIL TOOTH SURFACE XREF
	DENIED DENTAL DTL
	DENIED PHARMACY DTL
	DENIED PHYSICIAN DTL
	DENIED UB92 DETAIL
	DENTAL DETAIL EXT KEYS
	PAID DENTAL DETAIL
	PAID PHARMACY DETAIL
	PAID PHYSICIAN DETAIL
	PAID UB92 DETAIL
	PHARMACY DETAIL EXT KEYS
	PHYSICIAN DETAIL EXT KEYS
	UB92 DETAIL EXT KEY
	UB92 DTL RECIP ELIG

(Continued)

Table 5.1 – Attribute to Entity List

Attribute	Entity
NUM DTL TOTAL	DENIED DENTAL HDR
	DENIED PHARMACY HDR
	DENIED PHYSICIAN HDR
	DENIED UB92 HDR
	PAID DENTAL HEADER
	PAID PHARMACY HEADER
	PAID PHYSICIAN HEADER
	PAID UB92 HEADER
NUM ICN	CLAIM LOCATION
	DENIED DENTAL HDR
	DENIED PHARMACY HDR
	DENIED PHYSICIAN HDR
	DENIED UB92 HDR
	PAID DENTAL HEADER
	PAID PHARMACY HEADER
	PAID PHYSICIAN HEADER
	PAID UB92 HEADER
NUM ICN CCF	CLAIM HDR CCF
NUM ICN FL	HS DIRECTORY
NUM PATIENT ACCOUNT	DENIED PHYSICIAN HDR
	DENIED UB92 HDR
	PAID PHYSICIAN HEADER
	PAID UB92 HEADER
NUM PRESCRIPTION	DENIED PHARMACY HDR
	PAID PHARMACY HEADER

(Continued)

Table 5.1 – Attribute to Entity List

Attribute	Entity
NUM SEQ	CLM DETAIL TOOTH SURFACE XREF
	UB92 CLM HDR OCCURRENCE
	UB92 CLM HDR PAYER
	UB92 CLM HDR PROC ICD 9 CM
	UB92 CLM HDR VALUE
	UB92 DTL RECIP ELIG
	UB92 HDR RECIP ELIG
QTY ALLOWED	DENIED DENTAL DTL
	DENIED PHYSICIAN DTL
	PAID DENTAL DETAIL
	PAID PHYSICIAN DETAIL
QTY BILLED	DENIED DENTAL DTL
	DENIED PHYSICIAN DTL
	PAID DENTAL DETAIL
	PAID PHYSICIAN DETAIL
QTY DISPENSED	DENIED PHARMACY DTL
	DENIED PHARMACY HDR
	PAID PHARMACY DETAIL
	PAID PHARMACY HEADER
QTY REFILL	DENIED PHARMACY HDR
	PAID PHARMACY HEADER
QTY UNITS ALLOWED	PAID UB92 DETAIL
QTY UNITS BILLED	DENIED UB92 DETAIL
	PAID UB92 DETAIL
SAK	CLAIM CHECK XREF

(Continued)

Table 5.1 – Attribute to Entity List

Attribute	Entity
SAK CDE AID	DENIED DENTAL DTL
	DENIED PHARMACY HDR
	DENIED PHYSICIAN DTL
	PAID DENTAL DETAIL
	PAID PHARMACY HEADER
	PAID PHYSICIAN DETAIL
	UB92 DTL RECIP ELIG
	UB92 HDR RECIP ELIG
SAK CHECK	CLAIM CHECK XREF
SAK CLAIM	CLAIM EOB XREF
	CLAIM ERROR
	CLAIM HDR CCF
	CLAIM HDR DELIVERY DATE
	CLAIM HDR DIAG XREF
	CLAIM HDR TO PAT LIAB XREF
	CLAIM LOCATION
	CLM DETAIL TOOTH SURFACE XREF
	DENIED DENTAL DTL
	DENIED DENTAL HDR
	DENIED PHARMACY DTL
	DENIED PHARMACY HDR
	DENIED PHYSICIAN DTL
	DENIED PHYSICIAN HDR
	DENIED UB92 DETAIL
	DENIED UB92 HDR
	DENTAL DETAIL EXT KEYS
	DENTAL HEADER EXT KEYS
	HS DIRECTORY

(Continued)

Table 5.1 – Attribute to Entity List

Attribute	Entity
SAK CLAIM (continued)	PAID DENTAL DETAIL
	PAID DENTAL HEADER
	PAID PHARMACY DETAIL
	PAID PHARMACY HEADER
	PAID PHYSICIAN DETAIL
	PAID PHYSICIAN HEADER
	PAID UB92 DETAIL
	PAID UB92 HEADER
	PHARMACY DETAIL EXT KEYS
	PHARMACY HEADER EXT KEYS
	PHYSICIAN DETAIL EXT KEYS
	PHYSICIAN HEADER EXT KEYS
	UB92 CLM HDR CONDITION XREF
	UB92 CLM HDR DIAG XREF
	UB92 CLM HDR INPATIENT
	UB92 CLM HDR OCCURRENCE
	UB92 CLM HDR PAYER
	UB92 CLM HDR PROC ICD 9 CM
	UB92 CLM HDR VALUE
	UB92 DETAIL EXT KEY
	UB92 DTL RECIP ELIG
	UB92 HDR RECIP ELIG
	UB92 HEADER EXT KEY
SAK DIAG	CLAIM HDR DIAG XREF
	UB92 CLM HDR DIAG XREF
SAK DRG	UB92 CLM HDR INPATIENT
SAK DRUG	DENIED PHARMACY DTL
	PAID PHARMACY DETAIL
SAK EOB	CLAIM EOB XREF
	CLAIM ERROR
SAK ERROR STATUS CODE	CLAIM ERROR
SAK MDC	UB92 CLM HDR INPATIENT

(Continued)

SAK PROC ICD 9 CM	UB92 CLM HDR PROC ICD 9 CM

Table 5.1 – Attribute to Entity List

Attribute	Entity
SAK PROCED	DENIED DENTAL DTL
	DENIED PHYSICIAN DTL
	DENIED UB92 DETAIL
	PAID DENTAL DETAIL
	PAID PHYSICIAN DETAIL
	PAID UB92 DETAIL
SAK PROV	HS DIRECTORY
SAK PROV BILLING	DENIED DENTAL HDR
	DENIED PHARMACY HDR
	DENIED PHYSICIAN HDR
	DENIED UB92 HDR
	PAID DENTAL HEADER
	PAID PHARMACY HEADER
	PAID PHYSICIAN HEADER
	PAID UB92 HEADER
SAK PROV PERFORMING	DENIED PHYSICIAN DTL
	PAID PHYSICIAN DETAIL
SAK PROV REFERRING	DENIED PHYSICIAN HDR
	PAID PHYSICIAN HEADER

(Continued)

SAK RECIP	CLAIM HDR TO PAT LIAB XREF
	DENIED DENTAL DTL
	DENIED DENTAL HDR
	DENIED PHARMACY HDR
	DENIED PHYSICIAN HDR
	DENIED UB92 HDR
	HS DIRECTORY
	PAID DENTAL DETAIL
	PAID DENTAL HEADER
	PAID PHARMACY HEADER
	PAID PHYSICIAN HEADER
	PAID UB92 HEADER

Table 5.1 – Attribute to Entity List

Attribute	Entity
SAK SHORT ERROR DISPOSITION	CLAIM ERROR
SAK SHORT PGM ELIG	DENIED DENTAL DTL
	DENIED PHARMACY HDR
	DENIED PHYSICIAN DTL
	PAID DENTAL DETAIL
	PAID PHARMACY HEADER
	PAID PHYSICIAN DETAIL
	UB92 DTL RECIP ELIG
	UB92 HDR RECIP ELIG
SAK SHORT PGM ELIG SECOND	DENIED DENTAL DTL
	DENIED PHARMACY HDR
	DENIED PHYSICIAN DTL
	PAID DENTAL DETAIL
	PAID PHARMACY HEADER
	PAID PHYSICIAN DETAIL
TIME	CLAIM LOCATION
TME STAMP	CLAIM ERROR

Entity/Attribute List

Claim Check XREF

The Claim Check Xref table identifies each claim or other transaction that was paid for by a particular check. One check can pay multiple claims.

Table 5.2 – Claim Check XREF

Attribute	Format	Length	Description
AMT PAID	Float	8	The amount that a specific claim paid on the check.
CDE	Character	1	A code that identifies the type of transaction that required a check. This code may be C for claim, W for managed care or E for expenditure.
SAK	Integer	9	System-assigned key for the transaction that required a check. The transaction can be a claim or expenditure transaction.
SAK CHECK	Integer	9	The internal number assigned by the system to identify each check internally.

Table 5.3 - Key for Table 5.2

Attribute	Type	Length
CDE	Secondary	1
CDE	Primary	1
SAK	Secondary	9
SAK	Primary	9
SAK CHECK	Primary	9

Claim EOB XREF

The Claim EOB XRef table provides an explanation of payment or error (benefit) applied to a claim header or detail.

Table 5.4 - Claim EOB XREF

Attribute	Format	Length	Description
CDE STATUS 1	Character	1	Indicates that an EOB was added to the claim manually in data corrections.
CDE STATUS ERROR	Character	1	Code used to indicate whether the EOB on the claim is a current EOB (C), one that failed in the current cycle, or an historical EOB (H), one that previously failed.
NUM DTL	Integer	2	Number of header (00) or detail (01-52) that contains an explanation of payment or error code.
SAK CLAIM	Integer	9	System-assigned key that uniquely identifies a claim that has processed in the Indiana*AIM* system.
SAK EOB	Integer	9	System-assigned key that uniquely identifies an explanation of benefit code.

Table 5.5 - Key for Table 5.4

Attribute	Type	Length
CDE STATUS ERROR	Primary	1
NUM DTL	Primary	2
SAK CLAIM	Primary	9
SAK EOB	Primary	9

Claim Error

This table contains the edit or audit number that was set for a specific claim header or detail during processing or that was added, overridden, or forced from data correction or adjustment window.

Table 5.6 - Claim Error

Attribute	Format	Length	Description
CDE CLAIM TYPE MEDICAID	Character	1	Code that specifies the type of claim record on which the error occurred.
CDE DISP STATUS	Character	1	Code that represents the action (pay, deny, suspend, CCF, force, or override) that is taken on a claim at disposition time.
CDE REGION	Character	2	Code that indicates the media on which a claim was submitted.
CDE STATUS 1	Character	1	Code that indicates whether the Error Status Code was added to the claim during claims processing or through data corrections or adjustments. The values are S for errors encountered in processing, and U for user-added from window application.
CDE STATUS ERROR	Character	1	Code used to indicate whether the error on the claim is a current error (C), one that failed in the current cycle, or a historical error (H), one that previously failed.
DTE	Date	8	Date that the error occurred.
ID CLERK	Character	8	Number used to identify the user who last updated the error record.
NUM DTL	Integer	2	The number of the header (00) or detail (01 - 52) that contains an edit or an audit failure.
SAK CLAIM	Integer	9	System-assigned key that uniquely identifies a claim.
SAK EOB	Integer	9	System-assigned key that uniquely identifies the explanation of benefit code associated with a particular edit/audit for a detail.
SAK ERROR STATUS CODE	Integer	9	System-assigned key that uniquely identifies an edit/audit criteria.
SAK SHORT ERROR DISPOSITION	Integer	4	Number that indicates the detail of the error disposition line item from which the error disposition was assigned.
TME STAMP	TT	6	Time that the error occurred.

Table 5.7 - Key for Table 5.6

Attribute	Type	Length
CDE STATUS ERROR	Primary	1
DTE	Primary	8
NUM DTL	Primary	2
SAK CLAIM	Primary	9
SAK ERROR STATUS CODE	Primary	9

Claim HDR CCF

This table is used to cross reference the Claim Correction Form (CCF) that was returned by the provider to the original claim for which the CCF was generated.

Table 5.8 - Claim HDR CCF

Attribute	Format	Length	Description
NUM ICN CCF	Character	13	Number assigned to a claim correction form processed in the system; used for control purposes.
SAK CLAIM	Integer	9	System-assigned key used to uniquely identify a specific claim in the Indiana*AIM* system.

Table 5.9 - Key for Table 5.8

Attribute	Type	Length
NUM ICN CCF	Primary	13
SAK CLAIM	Primary	9

Claim HDR Delivery Date

The Claim HDR Delivery Date lists the expected or actual date on which a pregnant woman should deliver a baby. Entries in this table only exist if pregnancy is indicated on physician claim.

Table 5.10 - Claim HDR Delivery Date

Attribute	Format	Length	Description
DTE EXPECTED DELIVERY	Date	8	Estimated date on which a pregnant woman should deliver her baby.
SAK CLAIM	Integer	9	System-assigned key that uniquely identifies a claim.

Table 5.11 - Key for Table 5.10

Attribute	Type	Length
SAK CLAIM	Primary	9

Claim HDR DIAG XREF

This table is a cross-reference between the claim and the diagnosis code for non-transportation claims only. Transportation claims do not have diagnosis (or diagnoses) associated with them.

Table 5.12 - Claim HDR DIAG XREF

Attribute	Format	Length	Description
CDE DIAG	Character	5	The diagnosis code keyed on the claim.
CDE DIAG SEQ	Character	1	Indicates whether diagnosis is first, second, third, or fourth in the header. Values are 1,2,3, or 4.
SAK CLAIM	Integer	9	The system-assigned key for the claim that contains the diagnosis code.
SAK DIAG	Integer	9	System-assigned key assigned to the code that describes the condition that requires medical attention.

Table 5.13 - Key for Table 5.12

Attribute	Type	Length
CDE DIAG SEQ	Primary	1
SAK CLAIM	Primary	9
SAK DIAG	Primary	9

Claim HDR TO PAT LIAB XREF

This table represents the association between a nursing home claim and the patient liability amount to which it was applied. When a nursing home claim is processed, all of the used patient liability for the member for the month of service is accumulated. If this accumulated amount is less than the total patient liability amount on the member's patient liability segment, then the amount left (up to the total allowed amount of the claim) is applied to the claim. When an amount is applied to a claim, a row is added to this table to represent that amount.

Table 5.14 - Claim HDR TO PAT LIAB XREF

Attribute	Format	Length	Description
AMT PAID PATIENT UB92	Float	9	This is the amount of patient liability that was used on the claim.
CDE STATUS 1	Character	1	Indicates whether the cross-reference record is active. This becomes inactive only after an adjustment to the claim is released. Only active rows are used in accumulating used patient liability.
DTE YEAR MONTH	Integer	6	This is the year and month of the date of service of the claim that used the patient liability.
SAK CLAIM	Integer	9	The system-assigned key of the claim that used patient liability.
SAK RECIP	Integer	9	The system-assigned key of the member on the claim that used this amount of patient liability.

Table 5.15 - Key for Table 5.14

Attribute	Type	Length
SAK CLAIM	Primary	9
SAK RECIP	Secondary	9

Claim Location

The Claim Location table provides location of a claim while processing in the Indiana*AIM* system. This identifies the type of edit or audit failed, department or group of examiners responsible for adjudicating the claim, and the type of claim that failed.

Table 5.16 - Claim Location

Attribute	Format	Length	Description
CDE CLAIM TYPE MEDICAID	Character	1	Code that specifies the type of claim record that resides in the specified location.
CDE LOCATION	Character	2	Represents the area or department that will be responsible for the adjudication or monitoring of a claim in the Indiana*AIM* system.
DTE CLM LOCATION	Date	8	Date on which a claim was placed in a specific system location.
NUM ICN	Character	13	Number assigned to a claim processed in the system that is used for control purposes.
SAK CLAIM	Integer	9	System-assigned key that uniquely identifies a claim in the Indiana*AIM* system.
TIME	TT	6	Indicates the system time that a claim location record was created for a claim. This helps indicate the most recent location for a claim.

Table 5.17 - Key for Table 5.16

Attribute	Type	Length
CDE LOCATION	Primary	2
DTE CLM LOCATION	Primary	8
DTE CLM LOCATION	Secondary	8
SAK CLAIM	Primary	9
SAK CLAIM	Secondary	9
TIME	Primary	6
TIME	Secondary	6

CLM Detail Tooth Surface XREF

This table is a cross-reference between the claim and the tooth surface values that were entered on a particular detail of that claim.

Table 5.18 - CLM Detail Tooth Surface XREF

Attribute	Format	Length	Description
CDE TOOTH SURFACE	Character	1	Code that indicates the tooth surface of a particular tooth.
NUM DTL	Integer	2	The detail number on which the tooth surface was entered on the claim.
NUM SEQ	Integer	2	Sequence number that indicates the position in which the tooth surface code occurred on the claim detail.
SAK CLAIM	Integer	9	System-assigned key that uniquely identifies a claim in the Indiana*AIM* system.

Table 5.19 - Key for Table 5.18

Attribute	Type	Length
NUM DTL	Primary	2
NUM SEQ	Primary	2
SAK CLAIM	Primary	9

Denied Dental DTL

The Denied Dental DTL table provides information about dental services that were not approved for payment (denied), encountered an error (edit or audit), or approved for payment in the system. When the dental header status is denied, all details associated with that header will be written to this table regardless of the detail's status.

Table 5.20 - Denied Dental DTL

Attribute	Format	Length	Description
AMT BILLED	Float	8	Amount of money requested for payment by a provider for services rendered to a member.
CDE CLM STATUS	Character	1	Indicates the status of the detail in the Indiana*AIM* system. This can be paid, suspended, or denied.
CDE TOOTH NUMBER	Character	2	Code that indicates the tooth on which a particular service was performed.
DTE FIRST SERVICE	Date	8	Date on which services were performed for a member.
IND PRICING	Character	1	Indicates which pricing methodology was applied to the procedure provided.
NUM DTL	Integer	2	The number of the detail on a claim record.
QTY ALLOWED	Float	6	The number of units allowed for the service.
QTY BILLED	Float	6	The number of units billed for the service. All *AIM* claims will enter a '1' here. Claims converted from the Medicaid Management Information System may have a value greater than '1'.
SAK CDE AID	Integer	9	System-assigned key that is used to identify the type of aid for which a member is eligible.
SAK CLAIM	Integer	9	System-assigned key used to identify a specific claim in the IndianaAIM system.
SAK PROCED	Integer	9	System-assigned key for a procedure code on a detail that indicates the service that was provided.
SAK RECIP	Integer	9	System-assigned key that uniquely identifies a member in the Indiana*AIM* system.
SAK SHORT PGM ELIG	Integer	4	System-assigned key used along with the SAK RECIP to uniquely identify the eligibility segment for a particular member that is considered primary eligibility. A member can be eligible for two programs at once.

(Continued)

Table 5.20 - Denied Dental DTL

Attribute	Format	Length	Description
SAK SHORT PGM ELIG SECOND	Integer	4	System-assigned key used along with the SAK RECIP to uniquely identify the eligibility segment for a particular member that is considered "secondary" eligibility. This is optional.

Table 5.21 - Key for Table 5.20

Attribute	Type	Length
NUM DTL	Primary	2
SAK CLAIM	Primary	9

Denied Dental HDR

> *Note: Do not add an attribute at the end. an attribute*
> *needs to be added, insert it before the cde*
> *provider specialty attribute.*

This table provides general information about dental services that were not approved for payment (denied) in the system. All details associated with denied dental header are written to Denied Dental Detail table.

Table 5.22 - Denied Dental HDR

Attribute	Format	Length	Description
AMT BILLED	Float	8	Amount requested by the provider for services rendered.
AMT NET BILLED	Float	9	Amount remaining on a claim after payment has been made by all other sources (TPL).
AMT PATIENT LIABILITY	Float	8	Amount of money that a member is responsible for paying for services rendered.
AMT TPL	Float	10	Amount paid by a third party for services that were provided.
CDE CLAIM TYPE MEDICAID	Character	1	Code that specifies the type of claim record. The code for dental claims is 'D'.
CDE CLM STATUS	Character	1	Indicates the status of a claim in the system.
CDE CLM TXN TYPE	Character	1	Code that further defines the status of a claim in the Indiana*AIM* system. This is used to identify whether the claim processed to pay during the first cycle in which it was submitted or whether it took several cycles before the errors were corrected.
CDE COUNTY	Character	2	Numeric (geographical or political) representation of the county in the state of Indiana in which the provider practices.
CDE PLACE OF SERVICE	Character	2	Code that indicates the location where service was rendered.
CDE PROVIDER SPECIALTY	Character	3	Code that indicates the scope of practice or operations of the billing provider.
CDE PROVIDER TYPE	Character	2	Code that indicates the provider type for which a provider is licensed.

(Continued)

Attribute	Format	Length	Description
CDE SERVICE LOCATION	Character	1	Code indicating the site at which the services were billed for a member.

Table 5.22 - Denied Dental HDR

Attribute	Format	Length	Description
DTE BILLED	Date	8	Date on which the provider or billing service prepared the claim form to be submitted.
DTE FIRST SERVICE	Date	8	Date on which service was first provided on a particular claim (oldest date of all details).
DTE LAST SERVICE	Date	8	Date on which service was last provided on a particular claim (most current date of all details).
ID CLERK	Character	8	Identification number of the clerk who data entered the claim.
IND ACCIDENT	Character	1	Indicates whether the service performed was as a result of an accident.
IND ANOTHER PLAN	Character	1	Indicates whether the member on the claim has coverage under another company's insurance plan.
IND EMERGENCY	Character	1	Indicates whether service was provided as result of an emergency situation.
IND POSSIBLE EC	Character	1	This field is keyed in REI to indicate if the provider is a possible electronic biller.
IND PROVIDER SIGNATURE	Character	1	Indicates whether the paper claim form was signed by the provider who performed the service.
NUM DTL TOTAL	Integer	2	Total number of details associated with the claim header.
NUM ICN	Character	13	Number assigned to a claim processed in the system; used for control purposes.
SAK CLAIM	Integer	9	System-assigned key used to identify a specific claim in the Indiana*AIM* system.
SAK PROV BILLING	Integer	9	System-assigned key that uniquely identifies the provider billing the claim.
SAK RECIP	Integer	9	System-assigned key that uniquely identifies a member.

Table 5.23 - Key for Table 5.22

Attribute	Type	Length
NUM ICN	Secondary	13
SAK CLAIM	Primary	9

Denied Pharmacy DTL

This table contains detailed information about drug services (pharmacy and compound drug) that were not approved for payment (denied), encountered an error (edit or audit), or approved for payment in the system. When the pharmacy header status is denied, all details associated with that header are written to this table, regardless of the detail's status.

Table 5.24 - Denied Pharmacy DTL

Attribute	Format	Length	Description
AMT BILLED	Float	8	Amount requested by provider to dispense a drug to a member.
CDE DRUG FORM	Character	2	The basic drug measurement unit (each, milliliter, or grams) for performing price calculations.
CDE NDC STATUS	Character	1	Indicates whether drug code is prescription only or non-legend.
NUM DTL	Integer	2	The number of the detail on a claim record.
QTY DISPENSED	Integer	5	Number of units of a drug that was dispensed to a member.
SAK CLAIM	Integer	9	Unique identification number for a claim.
SAK DRUG	Integer	9	System-assigned key that uniquely identifies a drug dispensed to a member.

Table 5.25 - Key for Table 5.24

Attribute	Type	Length
NUM DTL	Primary	2
SAK CLAIM	Primary	9

Denied Pharmacy HDR

> *Note: Do not add an attribute at the end. if an attribute needs to be added, insert it before the cde provider specialty attribute.*

This table provides general information about drug services (pharmacy and compound drug) that were not approved for payment (denied) in the system. All details associated with denied pharmacy header are written to denied pharmacy detail table.

Table 5.26 - Denied Pharmacy HDR

Attribute	Format	Length	Description
AMT BILLED	Float	8	Amount billed by a provider for services rendered.
AMT NDC PROF FEE	Float	8	This is the amount that the provider receives for dispensing a prescription drug. This amount varies by provider type.
AMT NET BILLED	Float	9	Amount remaining on a claim after payment has been made by all other sources (copay and TPL).
AMT PATIENT LIABILITY	Float	8	Amount of money that a member is responsible for paying for services rendered.
AMT TPL	Float	10	Amount paid for services by a third party.
CDE	Character	1	Indicates whether the pharmacy claim is drug ('P') or compound drug ('C') claim.
CDE CLAIM TYPE MEDICAID	Character	1	Code that specifies the type of claim record. The code for pharmacy claims is P.
CDE CLM STATUS	Character	1	Indicates the status of a claim.
CDE CLM TXN TYPE	Character	1	Code that further defines the status of a claim in Indiana*AIM*. This is used to identify whether the claim processed to pay during the first cycle in which it was submitted or whether it took several cycles before the errors were corrected.
CDE COUNTY	Character	2	Numeric (geographical or political) representation of the county in the state of Indiana in which the provider practices.
CDE DUR INTERVENTION	Character	2	Record of whether a drug utilization and review intervention code was given for the drug being prescribed.

(Continued)

CDE OUTCOME DUR	Character	2	The response of the pharmacist to the DUR intervention code.

Table 5.26 - Denied Pharmacy HDR

Attribute	Format	Length	Description
CDE PROVIDER SPECIALTY	Character	3	Code that indicates the scope of practice or operations of the billing provider.
CDE PROVIDER TYPE	Character	2	Code that indicates the provider type for which a provider is licensed.
CDE SERVICE LOCATION	Character	1	Code specifying the site at which a provider billed for services.
DTE BILLED	Date	8	The date on which a claim entered the system for processing.
DTE DISPENSE	Date	8	Date pharmacy dispensed drug to member.
DTE PRESCRIBE	Date	8	Date physician prescribed a drug for a member.
ID CLERK	Character	8	Identification number of the clerk who data entered the claim.
ID PROVIDER PRESCRIBING	Character	10	License number of the provider who requested drug be administered to a member. This does not have to be an enrolled provider.
IND BRAND NAME MED NEC	Character	1	This field indicates the reason, if any, that a brand name drug was dispensed.
IND EMERGENCY	Character	1	Indication (Y/N) of whether services were rendered as a result of an emergency situation.
IND NURSING HOME	Character	1	Indicates whether the drug was dispensed for a member who resides in a nursing home facility.
IND POSSIBLE EC	Character	1	This field is keyed in REI to indicate if the provider is a possible electronic biller.
IND PREGNANCY	Character	1	Indicates whether service is related to condition of being pregnant.
IND PROVIDER SIGNATURE	Character	1	Used to indicate whether or not there was a valid provider signature on the original claim.
NUM DAY SUPPLY	Integer	3	Number of days a prescribed drug should last a member.
NUM DTL TOTAL	Integer	2	Total number of details associated with a claim header.
NUM ICN	Character	13	Number assigned to a claim processed in the system used for internal control purposes.

(Continued)

NUM PRESCRIPTION	Character	7	Number assigned by a pharmacy to identify the drug dispensed to a member.

Table 5.26 - Denied Pharmacy HDR

Attribute	Format	Length	Description
QTY DISPENSED	Integer	5	Number of units of a drug dispensed to a member. The type of unit is expressed in CDE DRUG FORM.
QTY REFILL	Character	2	Number of times drug has been refilled.
SAK CDE AID	Integer	9	System-assigned key that is used to identify the type of aid for which a member is eligible.
SAK CLAIM	Integer	9	System-assigned key for claim's internal control number. This helps to uniquely identify a claim in the system.
SAK PROV BILLING	Integer	9	System-assigned key that uniquely identifies the provider billing on a claim.
SAK RECIP	Integer	9	System-assigned key that uniquely identifies a member in the system.
SAK SHORT PGM ELIG	Integer	4	System-assigned key used along with the SAK RECIP to uniquely identify the eligibility segment for a particular member that is considered primary eligiblity. A member can be eligible for two programs at once.
SAK SHORT PGM ELIG SECOND	Integer	4	System-assigned key used along with the SAK RECIP to uniquely identify the eligibility segment for a particular member that is considered secondary eligiblity. This is optional.

Table 5.27 - Key for Table 5.26

Attribute	Type	Length
NUM ICN	Secondary	13
SAK CLAIM	Primary	9

Denied Physician DTL

Detailed information concerning medical or professional services that were not approved for payment (denied), encountered an error (edit or audit), or approved for payment in the system. When the physician header status is denied, all details associated with that header will be written to this table, regardless of the detail's status.

Table 5.28 - Denied Physician DTL

Attribute	Format	Length	Description
AMT BILLED	Float	8	Amount of money requested for payment by a provider for services rendered to a member.
CDE CLM STATUS	Character	1	Indicates the status of the detail in the Indiana *AIM* system. This can be paid, suspended, or denied.
CDE DIAG TREATMENT IND	Character	4	Indicates which diagnosis (or diagnoses) for which services were provided. Valid values are 1,2,3, and4. One detail can be associated with a minimum of one diagnosis in the header or maximum of four diagnoses in the header for non-transportation claims only.
CDE MODIFIER	Character	2	Code used to further define a procedure provided.
CDE MODIFIER 2	Character	2	Code used to further define a procedure provided.
CDE MODIFIER 3	Character	2	Code used to further define a procedure provided.
CDE PLACE OF SERVICE	Character	2	Location where service was rendered.
CDE PROVIDER SPECIALTY	Character	3	Code that indicates the scope of practice or operations of the rendering provider.
CDE SERVICE LOCATION REND	Character	1	Site at which a provider performed services.
DTE FIRST SERVICE	Date	8	Date on which services were first performed for a member.
DTE LAST SERVICE	Date	8	Date on which services were last performed for a member.
IND EMERGENCY	Character	1	Indicates whether service was provided as result of an emergency situation.

(Continued)

IND EPSDT REF	Character	2	Indicates (Y/N) if the services are related to EPSDT services.

Table 5.28 - Denied Physician DTL

Attribute	Format	Length	Description
IND PREGNANCY	Character	1	Indicates whether service is related to condition of being pregnant.
IND PRICING	Character	1	Indicates which pricing methodology was applied to the procedure provided.
NUM DTL	Integer	2	The number of the detail on a claim record.
QTY ALLOWED	Float	6	Number of units of service that will be paid for.
QTY BILLED	Float	6	Number of units of service that were provided.
SAK CDE AID	Integer	9	System-assigned key that is used to identify the type of aid for which a member is eligible.
SAK CLAIM	Integer	9	System-assigned key used to identify a specific claim in the Indiana*AIM* system.
SAK PROCED	Integer	9	System-assigned key for a procedure code on a detail which indicates the service that was provided.
SAK PROV PERFORMING	Integer	9	System-assigned key that uniquely identifies the provider who performed (rendered) service.
SAK SHORT PGM ELIG	Integer	4	System-assigned key used along with the SAK RECIP to uniquely identify the eligibility segment for a particular member that is considered primary eligibility. A member can be eligible for two programs at once.
SAK SHORT PGM ELIG SECOND	Integer	4	System-assigned key used along with the SAK RECIP to uniquely identify the eligibility segment for a particular member that is considered secondary eligibility. This is optional.

Table 5.29 - Key for Table 5.28

Attribute	Type	Length
NUM DTL	Primary	2
SAK CLAIM	Primary	9

Denied Physician HDR

> *Note: Do not add an attribute at the end. if an attribute needs to be added, insert it before the cde provider specialty attribute.*

General information about medical/professional services that were not approved for payment (denied) in the system. This includes claim types Medical, Transportation, and Crossover Part B. All details associated with a denied physician header will be written to denied physician detail table.

Table 5.30 - Denied Physician HDR

Attribute	Format	Length	Description
AMT BILLED	Float	8	Amount requested by provider for services rendered.
AMT CO PAY	Float	8	Amount paid by member for service rendered.
AMT NET BILLED	Float	9	Amount remaining on a claim after payment has been made by all other sources (TPL).
AMT PATIENT LIABILITY	Float	8	Amount of money that a member is responsible for paying for services rendered.
AMT TPL	Float	10	Amount paid by third party for services.
CDE CERTIFICATE	Character	2	Certification code that belongs to the PMP.
CDE CLAIM TYPE MEDICAID	Character	1	Code that specifies the type of claim record. The code for physician claims is 'M' or Crossover Part B is B.
CDE CLM STATUS	Character	1	Indicates the status of a claim in the system.
CDE CLM TXN TYPE	Character	1	Code that further defines the status of a claim in the Indiana*AIM* system. This is used to identify whether the claim processed to pay during the first cycle in which it was submitted or whether it took several cycles before the errors were corrected.
CDE COUNTY	Character	2	Numeric (geographical or political) representation of the county in the state of Indiana in which the provider practices.
CDE PROVIDER SPECIALTY	Character	3	Code that indicates the scope of practice or operations of the billing provider.
CDE PROVIDER TYPE	Character	2	Code that indicates the provider type for which a provider is licensed.

(Continued)

Table 5.30 - Denied Physician HDR

Attribute	Format	Length	Description
CDE SERVICE LOCATION	Character	1	Code indicating the site at which the services were billed for a member.
DTE BILLED	Date	8	Date on which claim entered the system for processing.
DTE FIRST SERVICE	Date	8	Date on which service was first provided (oldest date of all details).
DTE FROM HOSPITAL	Date	8	Date on which member was admitted to inpatient hospital for which services are being billed.
DTE LAST SERVICE	Date	8	Date on which service was last provided (latest date from all details).
DTE TO HOSPITAL	Date	8	Date on which member was discharged from inpatient hospital for which services are being billed.
ID CLERK	Character	8	Identification number of the clerk who data entered the claim.
IND ACCIDENT	Character	1	Indicates whether the service performed was as a result of an accident.
IND ATTACHMENT	Character	1	Indicator that is used to identify whether a claim is submitted with or without some type of supporting documentation.
IND POSSIBLE EC	Character	1	This field is keyed in REI to indicate if the provider is a possible electronic biller.
IND PROVIDER SIGNATURE	Character	1	Indicates whether the paper claim form was signed by the provider who performed the service.
NUM DTL TOTAL	Integer	2	Total number of details associated with the claim header.
NUM ICN	Character	13	Number assigned to a claim processed in the system; used for control purposes.
NUM PATIENT ACCOUNT	Character	12	Unique identification for member assigned by provider and used in their system. This number is not required for processing (information only).
SAK CLAIM	Integer	9	System-assigned key for claim's internal control number.

(Continued)

SAK PROV BILLING	Integer	9	System-assigned key that uniquely identifies the provider billing the claim.

Table 5.30 - Denied Physician HDR

Attribute	Format	Length	Description
SAK PROV REFERRING	Integer	9	System-assigned key which is used to identify a person who refers members to other providers that perform services.
SAK RECIP	Integer	9	System-assigned key that uniquely identifies a member.

Table 5.31 - Key for Table 5.30

Attribute	Type	Length
NUM ICN	Secondary	13
SAK CLAIM	Primary	9

Denied UB92 Detail

This table contains detailed information concerning inpatient, outpatient, home health, crossover part A, crossover part C, or nursing home (UB-92 claim form) services that were not approved for payment (denied), encountered an error (edit or audit), or approved for payment in the system. When the UB-92 header status is denied, all details associated with that header are written to this table, regardless of the detail's status.

Table 5.32 - Denied UB92 Detail

Attribute	Format	Length	Description
AMT BILLED UB92	Float	9	Amount of money that was requested for payment by a provider for services that were rendered to a member. This amount represents the units billed multiplied by the rate billed.
CDE CLM STATUS	Character	1	Code that indicates the status of the claim detail in the Indiana*AIM* system. This status can be paid, suspended or denied.
CDE REVENUE	Integer	3	Code that identifies a specific accommodation or ancillary service submitted on a claim.
DTE FIRST SERVICE	Date	8	The date on which a service was performed.
NUM DTL	Integer	2	The number of the detail on the claim.
QTY UNITS BILLED	Integer	7	Number of units of service billed on the detail of a UB-92 claim.
SAK CLAIM	Integer	9	System-assigned key for claim's internal control number.
SAK PROCED	Integer	9	System-assigned key for a procedure code on a detail which indicates the service that was provided.

Table 5.33 - Key for Table 5.32

Attribute	Type	Length
NUM DTL	Primary	2
SAK CLAIM	Primary	9

Denied UB92 HDR

> *Note: Do not add an attribute at the end. if an attribute needs to be added, insert it before the cde provider specialty attribute.*

This table contains general information concerning inpatient, outpatient, home health, crossover part A, crossover part C, or nursing home services that were not approved for payment (denied) in the system.

Table 5.34 - Denied UB92 HDR

Attribute	Format	Length	Description
AMT BILLED UB92	Float	9	Amount of money requested for payment by the provider for services performed.
AMT DISP SHARE	Float	9	This field holds the result of the disproportionate share rate multiplied by the total allowed amount.
AMT OVERHEAD	Float	9	This field is used for new home health pricing.
AMT PAID PATIENT UB92	Float	9	Amount of money that a member is responsible for paying for services that were rendered.
AMT REIMBURSEMENT	Float	9	Percentage that is used to modify the allowed amount. This percentage could cause more or less money to be paid to the provider.
CDE ADMIT HOUR	Character	2	The hour during which the patient was admitted for inpatient or outpatient care.
CDE ADMIT TYPE	Character	1	Code that indicates the priority of the admission for inpatient or outpatient care.
CDE CERTIFICATE	Character	2	This field represents the certification code for managed care members.
CDE CLAIM TYPE MEDICAID	Character	1	Code that specifies the type of claim record. The valid codes for UB-92 claims are I - Inpatient, O - Outpatient, L - Nursing Home, H - Home Health, A - Part A Crossover, and C - Part C Crossover.
CDE CLM STATUS	Character	1	Code that indicates the header status of the claim in the system.

(Continued)

Table 5.34 - Denied UB92 HDR

Attribute	Format	Length	Description
CDE CLM TXN TYPE	Character	1	Code that further defines the status of a claim in the Indiana*AIM* system. This is used to identify whether the claim processed to pay during the first cycle in which it was submitted or whether it took several cycles before the errors were corrected.
CDE COUNTY	Character	2	Numeric (geographical or political) representation of the county in the state of Indiana in which the provider practices.
CDE PATIENT STATUS	Character	2	Code that indicates the status of the member as of the ending service date of the period covered on a UB-92 claim.
CDE PROVIDER SPECIALTY	Character	3	Code that indicates the scope of practice or operations of the billing provider.
CDE PROVIDER TYPE	Character	2	Code that indicates the provider type for which a provider is licensed.
CDE SERVICE LOCATION	Character	1	Code indicating the site at which the services were billed for a member.
CDE TYPE OF BILL	Character	3	Code that indicates the specific type of facility that is billing for services on a UB92 claim form.
DTE ADMISSION	Date	8	Date that the member was admitted by the provider for inpatient care, outpatient services, or start of care.
DTE BILLED	Date	8	Date on which the provider or billing service prepared the claim form to be submitted.
DTE FIRST SERVICE	Date	8	Date on which the statement period on the claim began.
DTE LAST SERVICE	Date	8	Date on which the statement period on the claim ended.
ID CLERK	Character	8	Identification number of the clerk who data entered the claim.
ID PROVIDER ATTENDING	Character	10	The number of the licensed physician who would be expected to certify and recertify the medical necessity of the services rendered or who has primary responsibility for the patient's medical care and treatment.

(Continued)

ID PROVIDER OTHER	Character	10	License number of the physician who performed the principal procedure.

Table 5.34 - Denied UB92 HDR

Attribute	Format	Length	Description
ID PROVIDER OTHER 2	Character	10	License number of the second physician who performed the principal procedure.
IND POSSIBLE EC	Character	1	This field is keyed in REI to indicate if the provider is a possible electronic biller.
IND PROVIDER SIGNATURE	Character	1	Indicates whether the paper claim form was signed by the provider who performed the service.
NUM DAYS COVERED	Integer	3	Indicates the number of days covered for the statement period of the claim.
NUM DTL TOTAL	Integer	2	Total number of details associated with the claim header.
NUM ICN	Character	13	Number assigned to a claim processed in the system. This number is used for control purposes.
NUM PATIENT ACCOUNT	Character	12	Identification for a member assigned by a provider and used in their system. This number is not required for processing (information only).
SAK CLAIM	Integer	9	System-assigned key for the claim's internal control number. This uniquely identifies a claim in the Indiana*AIM* system.
SAK PROV BILLING	Integer	9	System-assigned key that uniquely identifies the provider billing the claim.
SAK RECIP	Integer	9	System-assigned key that uniquely identifies a member.

Table 5.35 - Key for Table 5.34

Attribute	Type	Length
NUM ICN	Secondary	13
SAK CLAIM	Primary	9

Dental Detail EXT Keys

This table contains the values keyed on a dental claim detail that can be found with the corresponding system-assigned key, but the values must be retained for historical reasons.

Table 5.36 - Dental Detail EXT Keys

Attribute	Format	Length	Description
CDE PROCEDURE	Character	5	Code that identifies the service performed for a member.
NUM DTL	Integer	2	Detail number of the dental claim.
SAK CLAIM	Integer	9	System-assigned key for claim's internal control number. This helps to uniquely identify a claim in the system.

Table 5.37 - Key for Table 5.36

Attribute	Type	Length
NUM DTL	Primary	2
SAK CLAIM	Primary	9

Dental Header EXT Keys

This table contains the values keyed on a dental claim header that can be found with the corresponding system-assigned key but the values must be retained for historical reasons.

Table 5.38 - Dental Header EXT Keys

Attribute	Format	Length	Description
ID MEDICAID RECIP	Character	12	Identification number assigned to a recipient of services.
ID PROVIDER	Character	9	Identification number assigned to a group or individual that provides services to a member.
NAM FIRST RECIP CLM	Character	1	This is the first initial of the member's name. It is what is keyed on the claim.
NAM LAST RECIP CLM	Character	3	This is the first three characters of the member's last name. It is what is keyed on the claim.
SAK CLAIM	Integer	9	System-assigned key for claim's internal control number. This helps to uniquely identify a claim in the system.

Table 5.39 - Key for Table 5.38

Attribute	Type	Length
ID MEDICAID RECIP	Secondary	12
ID PROVIDER	Secondary	9
SAK CLAIM	Primary	9

HS Directory

Directory table for claims history

Table 5.40 – HS Directory

Attribute	Format	Length	Description
AMT BILLED HS DIR	Float	9	Total dollar amount billed by the provider from the header of the claim.
CDE CLAIM TYPE MEDICAID	Character	1	Code that specifies the type of claim record. The valid codes are A, B, C, D, H, I, L, M, O, P, Q, and S.
CDE CLM STATUS	Character	1	Indicates the status of the detail in the Indiana*AIM* system. This can be paid, suspended, or denied.
CDE PARTITION ID	Character	2	Code representing the partition of the history directory on which a claim resides.
DTE FIRST SERVICE	Date	8	Date on which services were performed for a member.
DTE PAID	Date	8	Represents the date on which the claim was paid in the format MMDDCCYY.
DTE TO DATE	Date	8	Date in the format MMDDCCYY representing the last date billed on the claim header.
NUM ICN FL	Float	13	Number assigned to a claim processed in the system, that is used for control purposes.
SAK CLAIM	Integer	9	System-assigned key used to identify a specific claim in Indiana*AIM*
SAK PROV	Integer	9	Provider system-assigned key to uniquely identify a provider within the system.
SAK RECIP	Integer	9	The system-assigned key used to uniquely identify a member.

Table 5.41 - Key for Table 5.40

Attribute	Type	Length
DTE PAID	Secondary	8
NUM ICN FL	Secondary	13
SAK CLAIM	Primary	9
SAK PROV	Secondary	9
SAK RECIP	Secondary	9

Paid Dental Detail

This table provides detailed information concerning dental services that have been paid in Indiana*AIM*.

Table 5.42 - Paid Dental Detail

Attribute	Format	Length	Description
AMT ALLOWED	Float	9	Amount approved to pay for services provided to a member.
AMT BILLED	Float	8	Amount of money requested by a provider for payment for services rendered to a member.
AMT PAID	Float	8	Amount sent to a provider for payment of services rendered to a member.
CDE CLM STATUS	Character	1	Indicates the status of the detail in the IndianaAIM system. This can be paid or denied.
CDE TOOTH NUMBER	Character	2	Code which indicates the tooth on which a particular service was performed.
DTE FIRST SERVICE	Date	8	Date on which services were first performed for a member.
IND PRICING	Character	1	Indicates which pricing methodology was applied to the procedure provided.
NUM DTL	Integer	2	The number of the detail on a claim record.
QTY ALLOWED	Float	6	The number of units allowed for the service.
QTY BILLED	Float	6	The number of units billed for the service. All *AIM* claims will plug a '1' here. Claims converted from the MMIS may have a value greater than '1'.
SAK CDE AID	Integer	9	System-assigned key that is used to identify the type of aid for which a member is eligible.
SAK CLAIM	Integer	9	System-assigned key used to uniquely identify a specific claim in the IndianaAIM system.
SAK PROCED	Integer	9	System-assigned key for a procedure code on a detail that indicates the service that was provided.

(Continued)

SAK RECIP	Integer	9	System-assigned key used to uniquely identify a member in the system.

Table 5.42 - Paid Dental Detail

Attribute	Format	Length	Description
SAK SHORT PGM ELIG	Integer	4	System-assigned key used along with the SAK RECIP to uniquely identify the eligibility segment for a particular member that is considered primary eligibility. A member can be eligible for two programs at once.
SAK SHORT PGM ELIG SECOND	Integer	4	System-assigned key used along with the SAK RECIP to uniquely identify the eligibility segment for a particular member that is considered secondary eligibility. This is optional.

Table 5.43 - Key for Table 5.42

Attribute	Type	Length
NUM DTL	Primary	2
SAK CLAIM	Primary	9

Paid Dental Header

> *Note: Do not add an attribute at the end. if an attribute needs to be added, insert it before the cde provider specialty attribute. The last three attributes are not copied to the history DB, they are stored only on the week to date. thus nulls are permitted for these attributes on history.*

This table contains general information about dental services that have been paid in Indiana*AIM*.

Table 5.44 - Paid Dental Header

Attribute	Format	Length	Description
AMT BILLED	Float	8	Amount requested by provider for services rendered.
AMT NET BILLED	Float	9	Amount remaining on a claim after payment has been made by all other sources (TPL).
AMT PAID	Float	8	Amount sent to a provider for payment of services rendered to a member.
AMT PATIENT LIABILITY	Float	8	Amount of money that member is responsible for paying for services rendered.
AMT TPL	Float	10	Amount paid by third party for services.
CDE CLAIM TYPE MEDICAID	Character	1	Code that specifies the type of claim record. The code for dental claims is 'D'.
CDE CLM STATUS	Character	1	Indicates the status of a claim in the system.
CDE CLM TXN TYPE	Character	1	Code that further defines the status of a claim in Indiana*AIM*. This is used to identify whether the claim processed to pay during the first cycle in which it was submitted or whether it took several cycles before the errors were corrected.
CDE COUNTY	Character	2	Numeric (geographical or political) representation of the county in the state of Indiana in which the provider practices.
CDE PLACE OF SERVICE	Character	2	Code that indicates where the dental services were rendered.
CDE PROVIDER SPECIALTY	Character	3	Code that indicates the scope of practice or operations of the billing provider.
CDE PROVIDER TYPE	Character	2	Code that indicates the provider type for which a provider is licensed.

(Continued)

Table 5.44 - Paid Dental Header

Attribute	Format	Length	Description
CDE SERVICE LOCATION	Character	1	Code indicating the site at which the services were billed for a member.
DTE BILLED	Date	8	Date on which the provider or billing service prepared the claim form to be submitted.
DTE FIRST SERVICE	Date	8	Date on which service was first provided (oldest date of all details).
DTE LAST SERVICE	Date	8	Last date on which service was provided to a member (most recent date of all details).
ID CLERK	Character	8	Identification number of the clerk who data entered the claim.
IND ACCIDENT	Character	1	Indicates whether the service performed was as a result of an accident.
IND ANOTHER PLAN	Character	1	Indicates whether the member on the claim has coverage under another company's insurance plan.
IND EMERGENCY	Character	1	Indicates whether the service was provided as a result of an emergency situation.
IND POSSIBLE EC	Character	1	This field is keyed in REI to indicate if the provider is a possible electronic biller.
IND PROVIDER SIGNATURE	Character	1	Indicates whether the paper claim form was signed by the provider who performed the service.
NUM DTL TOTAL	Integer	2	Total number of details associated with the claim header.
NUM ICN	Character	13	Number assigned to a claim processed in the system. This is used for control purposes.
SAK CLAIM	Integer	9	System-assigned key for claim's internal control number. This helps to uniquely identify a claim in the system.
SAK PROV BILLING	Integer	9	System-assigned key that uniquely identifies the provider billing the claim.
SAK RECIP	Integer	9	System-assigned key that uniquely identifies a member in the system.

Table 5.45 - Key for Table 5.44

Attribute	Type	Length
NUM ICN	Secondary	13
SAK CLAIM	Primary	9

Paid Pharmacy Detail

This table contains detailed information about drug services (pharmacy and compound drug) that have been paid for in Indiana*AIM*.

Table 5.46 - Paid Pharmacy Detail

Attribute	Format	Length	Description
AMT ALLOWED	Float	9	Amount approved for payment for services rendered.
AMT AWP	Float	9	Average wholesale price for drug.
AMT BILLED	Float	8	Amount request by provider for payment for services rendered to a member.
AMT EAC	Float	9	Estimated acquisition cost for drug.
AMT MAC	Float	9	The unit price for a drug under federal MAC regulation.
AMT PAID	Float	8	Amount sent to provider for payment for services rendered to a member.
CDE DRUG FORM	Character	2	The basic drug measurement unit (each, milliliter, or grams) for performing price calculations.
CDE NDC STATUS	Character	1	Indicates whether drug code is prescription only or non-LGD.
NUM DTL	Integer	2	The number of the detail on a claim record.
QTY DISPENSED	Integer	5	Number of units of a drug dispensed to a member. The type of unit is expressed in CDE DRUG FORM.
SAK CLAIM	Integer	9	Unique identification number for a claim.
SAK DRUG	Integer	9	System-assigned key that uniquely identifies a drug dispensed to a member.

Table 5.46 - Key for Table 5.45

Attribute	Type	Length
NUM DTL	Primary	2
SAK CLAIM	Primary	9

Paid Pharmacy Header

> *Note: Do not add an attribute at the end. if an attribute needs to be added,, insert it before the cde provider specialty attribute.*

This table contains general information about drug services (pharmacy and compound drug) that have been paid for in Indiana*AIM*.

Table 5.47 - Paid Pharmacy Header

Attribute	Format	Length	Description
AMT BILLED	Float	8	Amount billed by provider for services rendered.
AMT CO PAY	Float	8	Amount paid by the member for drugs dispensed.
AMT NDC PROF FEE	Float	8	This is the amount that the provider receives for dispensing a prescription drug. This amount varies by provider type.
AMT NET BILLED	Float	9	Amount remaining on a claim after payment has been made by all other sources (such as copay, TPL, and so forth).
AMT PATIENT LIABILITY	Float	8	Amount that the member is responsible to pay for drugs dispensed.
AMT TOTAL REIMBURSEMENT	Float	8	Amount reimbursed to provider for drugs dispensed.
AMT TPL	Float	10	Amount paid for drugs by a third party.
CDE	Character	1	Indicates whether pharmacy claim is drug ('P') or compound drug ('C') claim.
CDE CLAIM TYPE MEDICAID	Character	1	Code that specifies the type of claim record. The code for pharmacy claims is "P".
CDE CLM STATUS	Character	1	Indicates the status of a claim.
CDE CLM TXN TYPE	Character	1	Code that further defines the status of a claim in Indiana*AIM*. This is used to identify whether the claim processed to pay during the first cycle in which it was submitted or whether it took several cycles before the errors were corrected.
CDE COUNTY	Character	2	Numeric (geographical orpolitical) representation of the county in the state of Indiana in which the provider practices.

(Continued)

Table 5.47 - Paid Pharmacy Header

Attribute	Format	Length	Description
CDE DUR INTERVENTION	Character	2	The intervention code returned from the provider in response to a Prospective Drug Utilization Review alert.
CDE OUTCOME DUR	Character	2	The outcome code returned from the provider in response to a Prospective Drug Utilization Review alert.
CDE PROVIDER SPECIALTY	Character	3	Code that indicates the scope of practice or operations of the billing provider.
CDE PROVIDER TYPE	Character	2	Code that indicates the provider type for which a provider is licensed.
CDE SERVICE LOCATION	Character	1	Code specifying the site at which a provider billed for services.
DTE BILLED	Date	8	The date on which a claim entered the system for processing.
DTE DISPENSE	Date	8	Date pharmacy dispensed drug to a member.
DTE PRESCRIBE	Date	8	Date physician prescribed drug for a member.
ID CLERK	Character	8	Identification number of the clerk who data entered the claim.
ID PROVIDER PRESCRIBING	Character	10	License number of the provider who prescribed the drugs be administered to the member. This does not have to be an enrolled provider.
IND BRAND NAME MED NEC	Character	1	This field indicates the reason, if any, that a brand name drug was dispensed.
IND EMERGENCY	Character	1	Indication (Y/N) of whether drugs were dispensed as a result of an emergency situation.
IND NURSING HOME	Character	1	Indicates whether the drug was dispensed for a member who resides in a nursing home facility.
IND POSSIBLE EC	Character	1	This field is keyed in REI to indicate if the provider is a possible electronic biller.
IND PREGNANCY	Character	1	Indicates whether drug is related to the condition of being pregnant.

(Continued)

IND PROVIDER SIGNATURE	Character	1	Used to indicate whether or not there was a valid provider signature on the original claim.

Table 5.47 - Paid Pharmacy Header

Attribute	Format	Length	Description
NUM DAY SUPPLY	Integer	3	Number of days a prescribed drug should last a member.
NUM DTL TOTAL	Integer	2	Total number of details associated with claim header.
NUM ICN	Character	13	Number assigned to a claim processed in the system used for internal control purposes.
NUM PRESCRIPTION	Character	7	Number assigned by a pharmacy to identify the drug dispensed to a member.
QTY DISPENSED	Integer	5	Number of units of a drug dispensed to a member. The type of unit is expressed in CDE DRUG FORM.
QTY REFILL	Character	2	Number of refills available for a specific prescribed drug.
SAK CDE AID	Integer	9	System-assigned key that is used to identify the type of aid for which a member is eligible.
SAK CLAIM	Integer	9	System-assigned key for claim's internal control number. This helps to uniquely identify a claim in the system.
SAK PROV BILLING	Integer	9	System-assigned key that uniquely identifies the provider billing on a claim.
SAK RECIP	Integer	9	System-assigned key the uniquely identifies a member in the system.
SAK SHORT PGM ELIG	Integer	4	System-assigned key used along with the SAK RECIP to uniquely identify the eligibility segment for a particular member that is considered primary eligibility. A member can be eligible for two programs at once.
SAK SHORT PGM ELIG SECOND	Integer	4	System-assigned key used along with the SAK RECIP to uniquely identify the eligibility segment for a particular member that is considered secondary eligibility. This is optional.

Table 5.48 - Key for Table 5.47

Attribute	Type	Length
NUM ICN	Secondary	13
SAK CLAIM	Primary	9

Paid Physician Detail

This table contains detailed information concerning medical or professional services that have been paid in Indiana*AIM*.

Table 5.49 - Paid Physician Detail

Attribute	Format	Length	Description
AMT ALLOWED	Float	9	Amount approved to pay for services provided to a member.
AMT BILLED	Float	8	Amount of money requested for payment by a provider for services rendered to a member.
AMT CO PAY	Float	8	Copay that applies to this detail.
AMT PAID	Float	8	Amount sent to a provider for payment for services rendered to a member.
CDE CLM STATUS	Character	1	Indicates the status of the detail in Indiana *AIM*.
CDE DIAG TREATMENT IND	Character	4	Indicates the diagnosis (or diagnoses) for which services were provided. Valid values are 1,2,3, and 4. One detail can be associated with a minimum of one diagnosis in the header or maximum of four diagnoses in the header for non-transportation claims only.
CDE MODIFIER	Character	2	Code used to further define a procedure provided.
CDE MODIFIER 2	Character	2	Code used to further define a procedure provided.
CDE MODIFIER 3	Character	2	Code used to further define a procedure provided.
CDE PLACE OF SERVICE	Character	2	Location where service was rendered.
CDE PROVIDER SPECIALTY	Character	3	Code that indicates the scope of practice or operations of the rendering provider.
CDE SERVICE LOCATION REND	Character	1	Code indicating the site at which the services were rendered to a member.
DTE FIRST SERVICE	Date	8	Date on which services were first performed for a member.
DTE LAST SERVICE	Date	8	Date on which services were last performed for a member.

(Continued)

Table 5.49 - Paid Physician Detail

Attribute	Format	Length	Description
IND EMERGENCY	Character	1	Indicates whether service was provided as result of emergency situation.
IND EPSDT REF	Character	2	Indicates (Y/N) if the services are related to EPSDT services.
IND PREGNANCY	Character	1	Indicates whether service is related to condition of being pregnant.
IND PRICING	Character	1	Indicates which pricing methodology was applied to the procedure provided.
IND SYSTEM GENERATED	Character	1	Indicates whether detail was added by system during claim's processing. Valid values are Y - Yes or N - No.
NUM DTL	Integer	2	The number of the detail on a claim record.
QTY ALLOWED	Float	6	Number of units of service that will be paid for.
QTY BILLED	Float	6	Number of units of service that were provided.
SAK CDE AID	Integer	9	System-assigned key that is used to identify the type of aid for which a member is eligible.
SAK CLAIM	Integer	9	System-assigned key used to identify a specific claim in Indiana*AIM*.
SAK PROCED	Integer	9	System-assigned key for procedure code indicating service provide on a detail.
SAK PROV PERFORMING	Integer	9	System-assigned key that uniquely identifies the provider that performed (rendered) service.
SAK SHORT PGM ELIG	Integer	4	System-assigned key used along with the SAK RECIP to uniquely identify the eligibility segment for a particular member that is considered primary eligibility. A member can be eligible for two programs at once.
SAK SHORT PGM ELIG SECOND	Integer	4	System-assigned key used along with the SAK RECIP to uniquely identify the eligibility segment for a particular member that is considered secondary eligibility. This is optional.

Table 5.50 - Key for Table 5.49

Attribute	Type	Length
NUM DTL	Primary	2
SAK CLAIM	Primary	9

Paid Physician Header

> *Note: Do not add an attribute at the end. If an attribute needs to be added, insert it before the cde provider specialty attribute.*

This table contains general information about medical or professional services that have been paid in Indiana*AIM*. These services can include transportation, medical, crossover part B, or vision billed on a HCFA-1500 claim form.

Table 5.51 - Paid Physician Header

Attribute	Format	Length	Description
AMT BILLED	Float	8	Amount requested by provider for services rendered.
AMT CO PAY	Float	8	Amount paid by member for services rendered.
AMT NET BILLED	Float	9	Amount remaining on a claim after payment has been made by all other sources (TPL).
AMT PATIENT LIABILITY	Float	8	Amount member is responsible to pay for services rendered.
AMT TOTAL REIMBURSEMENT	Float	8	Amount reimbursed to provider.
AMT TPL	Float	10	Amount paid by third party for services rendered.
CDE CERTIFICATE	Character	2	Certification code that belongs to the PMP.
CDE CLAIM TYPE MEDICAID	Character	1	Code that specifies the type of claim record. Physician claims are type M=Medical or B=Crossover Part B.
CDE CLM STATUS	Character	1	Indicates the status of a claim in the system. Codes are: P - paid, D - denied, S - Suspended, C - CCF, and R - Resubmitted.
CDE CLM TXN TYPE	Character	1	Code that further defines the status of a claim in Indiana*AIM*. This is used to identify whether the claim processed to pay during the first cycle in which it was submitted or whether it took several cycles before the errors were corrected.
CDE COUNTY	Character	2	Numeric (geographical or political) representation of the county in the state of Indiana in which the provider practices.

(Continued)

CDE PROVIDER SPECIALTY	Character	3	Code that indicates the scope of practice or operations of the billing provider.

Table 5.51 - Paid Physician Header

Attribute	Format	Length	Description
CDE PROVIDER TYPE	Character	2	Code that indicates the provider type for which a provider is licensed.
CDE SERVICE LOCATION	Character	1	Code indicating the site at which the services were billed for a member.
DTE BILLED	Date	8	Date on which a claim was entered in the system for processing.
DTE FIRST SERVICE	Date	8	Date on which service was first provided (oldest date of all details).
DTE FROM HOSPITAL	Date	8	Date on which member was admitted to an inpatient hospital.
DTE LAST SERVICE	Date	8	Date on which service was last provided (latest date from all details).
DTE TO HOSPITAL	Date	8	Date on which member was discharged from an inpatient hospital.
ID CLERK	Character	8	Identification number of the clerk who data entered the claim.
IND ACCIDENT	Character	1	Indicates whether the service performed was as a result of an accident.
IND ATTACHMENT	Character	1	Indicator that is used to identify whether a claim is submitted with or without some type of supporting documentation.
IND POSSIBLE EC	Character	1	This field is keyed in REI to indicate if the provider is a possible electronic biller.
IND PROVIDER SIGNATURE	Character	1	Indicates whether the paper claim form was signed by the provider who performed the service.
NUM DTL TOTAL	Integer	2	Total number of details associated with claim header.
NUM ICN	Character	13	Number assigned to a claim processed in the system; used for control purposes.
NUM PATIENT ACCOUNT	Character	12	Unique identification for member that is assigned by provider and used in their system. This number is not required for processing (information only).

(Continued)

SAK CLAIM	Integer	9	System-assigned key for claim's internal control number.
SAK PROV BILLING	Integer	9	System-assigned key that uniquely identifies the provider that sent in the claim.

Table 5.51 - Paid Physician Header

Attribute	Format	Length	Description
SAK PROV REFERRING	Integer	9	System-assigned key that is used to identify a person who refers members to other providers that perform services.
SAK RECIP	Integer	9	System-assigned key that uniquely identifies a member.

Table 5.52 - Key for Table 5.51

Attribute	Type	Length
NUM ICN	Secondary	13
SAK CLAIM	Primary	9

Paid UB92 Detail

This table contains detailed information concerning inpatient, outpatient, home health, crossover part A, crossover part C, or nursing home services that have been paid in Indiana*AIM*.

Table 5.53 - Paid UB92 Detail

Attribute	Format	Length	Description
AMT ALLOWED	Float	9	Amount allowed by the specific program (Medicaid, 590, and so forth) for the procedure.
AMT BILLED UB92	Float	9	Amount of money requested by a provider for payment on a UB-92 claim form.
AMT CO PAY	Float	8	Copay amount that applies to this detail.
AMT PAID	Float	8	Amount of money (check or EFT) EDS pays to an external entity.
CDE CLM STATUS	Character	1	Indicates the status of a transaction record in Indiana*AIM*.
CDE REVENUE	Integer	3	Identifies a specific accommodation or ancillary service.
DTE FIRST SERVICE	Date	8	The first date on which services are rendered for a member.
IND SYSTEM GENERATED	Character	1	Indicates whether detail was added by the system during claim's processing. Valid values are Y - Yes or N - No.
NUM DTL	Integer	2	The detail number of a claim record.
QTY UNITS ALLOWED	Integer	7	Quantity allowed for payment of services rendered to a member.
QTY UNITS BILLED	Integer	7	Number of units of service billed at the detail for a UB-92 claim.
SAK CLAIM	Integer	9	System-assigned key to uniquely identify a claim.
SAK PROCED	Integer	9	System-assigned key to uniquely identify a procedure code.

Table 5.54 - Key for Table 5.53

Attribute	Type	Length
NUM DTL	Primary	2
SAK CLAIM	Primary	9

Paid UB92 Header

> *Note: Do not add an attribute at the end. If an attribute*
> *needs to be added, insert it before the CDE*
> *provider specialty attribute*

This table provides general information about services, that have been paid in Indiana*AIM*. These services can include inpatient, outpatient, home health, crossover part A, crossover part C, and nursing home claims billed on a UB-92 claim form.

Table 5.55 - Paid UB92 Header

Attribute	Format	Length	Description
AMT BILLED UB92	Float	9	Amount of money requested for payment by the provider for services performed.
AMT DISP SHARE	Float	9	This field holds the result of the disproportionate share amount multiplied by the total allowed amount.
AMT OVERHEAD	Float	9	Overhead amount that is used by new home health pricing.
AMT PAID	Float	8	The amount of money (check or EFT) EDS pay to the submitter of the claim.
AMT PAID PATIENT UB92	Float	9	Amount of money a member is responsible for paying for services that were rendered.
AMT REIMBURSEMENT	Float	9	Percentage that is used to modify the allowed amount. This percentage could cause more or less money to be paid to the provider.
CDE ADMIT HOUR	Character	2	The hour during which the patient was admitted for inpatient or outpatient care.
CDE ADMIT TYPE	Character	1	Code that indicates the priority of the admission for inpatient or outpatient care.
CDE CERTIFICATE	Character	2	This field represents the certification code for managed care members.
CDE CLAIM TYPE MEDICAID	Character	1	Code that specifies the type of claim record. The valid codes for UB-92 claims are I - Inpatient, O - Outpatient, L - Nursing Home, A - Crossover Part A, C - Crossover Part C, and H - Home Health.
CDE CLM STATUS	Character	1	Code that indicates the header status of the claim in the system.

(Continued)

Table 5.55 - Paid UB92 Header

Attribute	Format	Length	Description
CDE CLM TXN TYPE	Character	1	Code that further defines the status of a claim in Indiana*AIM*. This is used to identify whether the claim processed to pay during the first cycle in which it was submitted or whether it took several cycles before the errors were corrected.
CDE COUNTY	Character	2	Numeric (geographical or political) representation of the county in the state of Indiana in which the provider practices.
CDE PATIENT STATUS	Character	2	Code that indicates the status of the member as of the ending service date of the period covered on a UB-92 claim.
CDE PROVIDER SPECIALTY	Character	3	Code that indicates the scope of practice or operations of the billing provider.
CDE PROVIDER TYPE	Character	2	Code that indicates the provider type for which a provider is licensed.
CDE SERVICE LOCATION	Character	1	Code indicating the site at which the services were billed for a member.
CDE TYPE OF BILL	Character	3	Code that indicates the specific type of facility that is billing for services on a UB92 claim form.
DTE ADMISSION	Date	8	Date that the member was admitted by the provider for inpatient care, outpatient services, or start of care.
DTE BILLED	Date	8	Date on which the provider or billing service prepared the claim form to be submitted.
DTE FIRST SERVICE	Date	8	Date on which the statement period on the claim began.
DTE LAST SERVICE	Date	8	Date on which the statement period on the claim ended.
ID CLERK	Character	8	Identification number of the clerk who data entered the claim.
ID PROVIDER ATTENDING	Character	10	The number of the licensed physician who would be expected to certify and recertify the medical necessity of the services rendered or who has primary responsibility for the patient's medical care and treatment.
ID PROVIDER OTHER	Character	10	License number of the physician who performed the principal procedure.

(Continued)

ID PROVIDER OTHER 2	Character	10	License number of the second physician who performed the principal procedure.

Table 5.55 - Paid UB92 Header

Attribute	Format	Length	Description
IND POSSIBLE EC	Character	1	This field is keyed in REI to indicate if the provider is a possible electronic biller.
IND PROVIDER SIGNATURE	Character	1	Indicates whether the paper claim form was signed by the provider who performed the service.
NUM DAYS COVERED	Integer	3	Indicates the number of days covered for the statement period of the claim.
NUM DTL TOTAL	Integer	2	Total number of details associated with the claim header.
NUM ICN	Character	13	Number assigned to a claim processed in the system. This number is used for control purposes.
NUM PATIENT ACCOUNT	Character	12	Identification for a member assigned by a provider and used in the system. This number is not required for processing (information only).
SAK CLAIM	Integer	9	System-assigned key for the claim's internal control number. This uniquely identifies a claim in Indiana*AIM*.
SAK PROV BILLING	Integer	9	System-assigned key that uniquely identifies the provider billing the claim.
SAK RECIP	Integer	9	System-assigned key that uniquely identifies a member.

Table 5.56 - Key for Table 5.55

Attribute	Type	Length
NUM ICN	Secondary	13
SAK CLAIM	Primary	9

Pharmacy Detail EXT Keys

This table has the original values keyed on the pharmacy detail for historical purposes.

Table 5.57 - Pharmacy Detail EXT Keys

Attribute	Format	Length	Description
CDE NDC	Character	11	National Drug Code prescribed or dispensed to a member.
NUM DTL	Integer	2	Identifies a particular line of drug prescribed to a member.
SAK CLAIM	Integer	9	System-assigned key that uniquely identifies a pharmacy claim in Indiana *AIM*.

Table 5.58 - Key for Table 5.57

Attribute	Type	Length
NUM DTL	Primary	2
SAK CLAIM	Primary	9

Pharmacy Header EXT Keys

This table contains the values keyed on a claim header that can be found with a SAK however, the values must be retained for historical reasons.

Table 5.59 - Pharmacy Header EXT Keys

Attribute	Format	Length	Description
ID MEDICAID RECIP	Character	12	Identification number assigned to a member of services.
ID PROVIDER	Character	9	Identification number assigned to a group or individual that provides medical services to members.
NAM FIRST RECIP CLM	Character	1	This is the first initial of the member's name. It is what is keyed on the claim.
NAM LAST RECIP CLM	Character	3	This is the first three characters of the member's last name. It is what is keyed on the claim.
SAK CLAIM	Integer	9	System-assigned key that uniquely identifies a pharmacy claim in Indiana *AIM*.

Table 5.60 - Key for Table 5.59

Attribute	Type	Length
ID MEDICAID RECIP	Secondary	12
ID PROVIDER	Secondary	9
SAK CLAIM	Primary	9

Physician Detail EXT Keys

This table has the original values keyed on the physician detail for historical purposes.

Table 5.61 - Physician Detail EXT Keys

Attribute	Format	Length	Description
CDE PROCEDURE	Character	5	Five byte code that specifies a service rendered to a member.
ID PROVIDER PERFORMING	Character	9	Identifies an individual who rendered a service to a member.
NUM DTL	Integer	2	Identifies the line number containing specific service rendered .
SAK CLAIM	Integer	9	System-assigned key that uniquely identifies a physician claim in Indiana*AIM*.

Table 5.62 - Key for Table 5.61

Attribute	Type	Length
NUM DTL	Primary	2
SAK CLAIM	Primary	9

Physician Header EXT Keys

This table contains the values keyed on a claim header that can be found with a SAK, however the values must be retained for historical reasons.

Table 5.63 - Physician Header EXT Keys

Attribute	Format	Length	Description
ID MEDICAID RECIP	Character	12	Identification number assigned to a recipient of services.
ID PROVIDER	Character	9	Identification number assigned to a group or individual that provides medical services to members.
ID PROVIDER REFERRING	Character	9	Number identifying a provider or a case manager who refers a member to another provider for services.
NAM FIRST RECIP CLM	Character	1	This is the first initial of the member's name. It is what is keyed on the claim.
NAM LAST RECIP CLM	Character	3	This is the first three characters of the member's last name. It is what is keyed on the claim.
SAK CLAIM	Integer	9	System-assigned key that uniquely identifies a physician claim in Indiana *AIM*.

Table 5.64 - Key for Table 5.63

Attribute	Type	Length
ID MEDICAID RECIP	Secondary	12
ID PROVIDER	Secondary	9
SAK CLAIM	Primary	9

UB92 CLM HDR Condition XREF

This is a cross-reference between the UB-92 header and the condition codes that were billed on the claim.

Table 5.65 - UB92 CLM HDR Condition XREF

Attribute	Format	Length	Description
CDE COND	Character	2	Code used to identify conditions relating to a UB-92 claim that may affect payer processing.
CDE COND SEQ	Character	1	Sequence number where the condition code was entered on the claim.
SAK CLAIM	Integer	9	System-assigned key for a claim's internal control number. This helps to uniquely identify a claim in the system.

Table 5.66 - Key for Table 5.65

Attribute	Type	Length
CDE COND	Primary	2
CDE COND SEQ	Primary	1
SAK CLAIM	Primary	9

UB92 CLM HDR DIAG XREF

This is a cross-reference between the UB-92 header and the diagnosis codes that were billed on the claim.

Table 5.67 - UB92 CLM HDR DIAG XREF

Attribute	Format	Length	Description
CDE DIAG	Character	5	The diagnosis code that was keyed on the claim.
CDE DIAG SEQ	Character	1	Indicates whether diagnosis is primary, secondary, third, fourth, fifth, sixth, seventh, eighth, ninth, admitting, or emergency in the header. Values are 1 - 9, A, or E. The admitting diagnosis is sequence A and the emergency diagnosis is sequence E.
SAK CLAIM	Integer	9	System-assigned key for a claim's internal control number. This helps to uniquely identify a claim in the system.
SAK DIAG	Integer	9	System-assigned key assigned to the code that describes the condition that requires medical attention.

Table 5.68 - Key for Table 5.67

Attribute	Type	Length
CDE DIAG SEQ	Primary	1
SAK CLAIM	Primary	9
SAK DIAG	Primary	9

UB92 CLM HDR Inpatient

This table lists DRG and level of care pricing information for an inpatient claim. All inpatient claims are assigned to a DRG. If a claim in paid using level of care pricing, a level of care is assigned to the claim or else the level of care will be blank.

Table 5.69 - UB92 CLM HDR Inpatient

Attribute	Format	Length	Description
AMT	Float	9	Base payment amount for an inpatient claim prior to any payment adjustments such as outliers or medical education costs.
AMT CAPITAL COST	Float	9	Costs associated with the capital costs of the facility. Capital costs include, but are not limited to, depreciation, interest, property taxes, and property insurance.
AMT MEDICAL EDUCATION COST	Float	9	The costs associated with the salaries and benefits of medical interns and residents and paramedical education programs.
AMT OUTLIER	Float	9	Amount reimbursed in addition to the DRG rate for certain inpatient stays that exceed cost thresholds established by the State.
CDE DIAG	Character	5	First diagnosis (other than principal) that influenced DRG assignment. This field is blank if a diagnosis (other than principal) did not influenced DRG assignment.
CDE DIAG 2	Character	5	Second diagnosis (other than principal) that influenced DRG assignment. This field is blank if a second diagnosis (other than principal) did not influence DRG assignment.
CDE DIAG 3	Character	5	Diagnosis that satisfied the complication/cormorbidity (CC) criteria and influenced DRG assignment. This field is blank if there is no CC, major CC, or non-traumatic major CC.
CDE LOC	Character	3	Code indicating level of care provided to a member. If the claim did not price a level of care, this attribute will be zero (0).
CDE PROCEDURE	Character	5	First operating room procedure that influenced DRG assignment. This field is blank if no operating room procedure influenced DRG assignment.

(Continued)

IND	Character	1	

Table 5.69 - UB92 CLM HDR Inpatient

Attribute	Format	Length	Description
SAK CLAIM	Integer	9	System-assigned key for a claim's internal control number. This uniquely identifies a claim in the system.
SAK DRG	Integer	9	System-assigned key for a DRG. This uniquely identifies a DRG in the system.
SAK MDC	Integer	9	All possible pricipal diagnoses are divided into mutually exclusive areas referred to as major diagnostic categories (MDC). These MDCs were formed by physician panels to insure that the DRGs would be clinically coherent.

Table 5.70 - Key for Table 5.69

Attribute	Type	Length
SAK CLAIM	Primary	9

UB92 CLM HDR Occurrence

This is a cross-reference between the UB-92 header and the occurrence codes that were billed on the claim.

Table 5.71 - UB92 CLM HDR Occurrence

Attribute	Format	Length	Description
CDE OCCURRENCE	Character	2	Code that defines a significant event relating to a particular UB-92 claim that may affect payer processing.
DTE OCCURRENCE	Date	8	The occurrence date of a significant event relating to a particular UB-92 claim that may affect payer processing.
DTE OCCURRENCE TO	Date	8	The occurrence to date of a significant event relating to a particular UB-92 claim that may affect payer processing. This date is only used for span occurrence codes.
NUM SEQ	Integer	2	Sequence number, that indicates the position of the occurrence code on the claim.
SAK CLAIM	Integer	9	System-assigned key for a claim's internal control number. This helps to uniquely identify a claim in the system.

Table 5.72 - Key for Table 5.71

Attribute	Type	Length
CDE OCCURRENCE	Primary	2
NUM SEQ	Primary	2
SAK CLAIM	Primary	9

UB92 CLM HDR Payer

This is a cross-reference between the UB-92 claim header and the payer information submitted on the claim.

Table 5.73 - UB92 CLM HDR Payer

Attribute	Format	Length	Description
AMT DUE EST	Float	9	The amount estimated by the hospital to be due from the indicated payer.
AMT PRIOR PAYMENT	Float	9	The amount that the hospital has received toward payment of a UB-92 bill prior to the billing on the claim.
CDE	Character	1	Code indicating the payer. A value of 'C' indicates that IHCP is the payer, 'A' indicates that Medicare is the payer and 'B' indicates that another insurance company is the payer.
NUM SEQ	Integer	2	Sequence number that indicates the position in which the payer information occurs on the claim.
SAK CLAIM	Integer	9	System-assigned key for a claim's internal control number. This helps to uniquely identify a claim in the system.

Table 5.74 - Key for Table 5.73

Attribute	Type	Length
CDE	Primary	1
NUM SEQ	Primary	2
SAK CLAIM	Primary	9

UB92 CLM HDR PROC ICD 9 CM

This is a cross-reference between the UB-92 header and the ICD-9-CM codes that were billed on the claim.

Table 5.75 - UB92 CLM HDR PROC ICD 9 CM

Attribute	Format	Length	Description
CDE ICD 9 CM PROCEDURE	Character	4	Code that represents the surgical procedure code.
DTE ICD 9 CM PROCEDURE	Date	8	Date on which the surgical procedure code was performed.
NUM SEQ	Integer	2	Sequence number that indicates the position in which the ICD-9-CM procedure code occurred on the claim.
SAK CLAIM	Integer	9	System-assigned key for a claim's internal control number. This helps to uniquely identify a claim in the system.
SAK PROC ICD 9 CM	Integer	9	System-assigned key that represents the surgical procedure code.

Table 5.76 - Key for Table 5.75

Attribute	Type	Length
NUM SEQ	Primary	2
SAK CLAIM	Primary	9
SAK PROC ICD 9 CM	Primary	9

UB92 CLM HDR Value

This is a cross-reference between the UB-92 header and the value codes that were billed on the claim.

Table 5.77 - UB92 CLM HDR Value

Attribute	Format	Length	Description
AMT VALUE	Float	9	Dollar amount of the corresponding value code.
CDE VALUE	Character	2	Code used to relate values to identified data elements necessary to process a UB-92 claim.
NUM SEQ	Integer	2	Sequence number that indicates the position in which the value code and amount occurred on the claim.
SAK CLAIM	Integer	9	System-assigned key for claim's internal control number. This helps to uniquely identify a claim in the system.

Table 5.78 - Key for Table 5.77

Attribute	Type	Length
CDE VALUE	Primary	2
NUM SEQ	Primary	2
SAK CLAIM	Primary	9

UB92 Detail EXT Key

This table contains the values keyed on a UB-92 claim detail that can be found with a SAK, however the values must be retained for historical reasons.

Table 5.79 - UB92 Detail EXT Key

Attribute	Format	Length	Description
CDE PROCEDURE	Character	5	Code that indicates the service that was performed.
NUM DTL	Integer	2	The detail number of the UB-92 claim.
SAK CLAIM	Integer	9	System-assigned key for a claim's internal control number. This helps to uniquely identify a claim in the system.

Table 5.80 - Key for Table 5.79

Attribute	Type	Length
NUM DTL	Primary	2
SAK CLAIM	Primary	9

UB92 DTL RECIP ELIG

This table is a cross-reference entity that identifies the member's eligibility segment in which the dates of service on the claim fall. This entity only applies to Home Health, Outpatient and Crossover Part C claims because member eligibility is verified at the detail level for those claim types.

Table 5.81 - UB92 DTL RECIP ELIG

Attribute	Format	Length	Description
NUM DTL	Integer	2	The detail number of a claim record.
NUM SEQ	Integer	2	Indicates whether the program for which a member is eligible is primary (1) or secondary (2).
SAK CDE AID	Integer	9	System-assigned key, that is used to identify the type of aid for which a member is eligible.
SAK CLAIM	Integer	9	System-assigned key to uniquely identify a claim.
SAK SHORT PGM ELIG	Integer	4	System-assigned key to uniquely identify the eligibility segment for a particular member that is considered primary eligiblity. A member can be eligible for two programs at once.

Table 5.82 - Key for Table 5.81

Attribute	Type	Length
NUM DTL	Primary	2
NUM SEQ	Primary	2
SAK CLAIM	Primary	9

UB92 HDR RECIP ELIG

This table is a cross-reference entity that identifies the member's eligibility segment in which the dates of service on the claim fall. This entity only applies to nursing home, inpatient, and Crossover Part A claims because member eligibility is verified at the header level for those claim types.

Table 5.83 - UB92 HDR RECIP ELIG

Attribute	Format	Length	Description
NUM SEQ	Integer	2	Indicates whether the program in which a member is enrolled is primary (1) or secondary (2).
SAK CDE AID	Integer	9	System-assigned key that is used to identify the type of aid for which a member is eligible.
SAK CLAIM	Integer	9	System-assigned key to uniquely identify a claim.
SAK SHORT PGM ELIG	Integer	4	System-assigned key for the program in which a member is enrolled.

Table 5.84 - Key for Table 5.83

Attribute	Type	Length
NUM SEQ	Primary	2
SAK CLAIM	Primary	9

UB92 Header EXT Key

This table contains the values keyed on a UB-92 claim header that can be found with a SAK, however the values must be retained for historical reasons.

Table 5.85 - UB92 Header EXT Key

Attribute	Format	Length	Description
ID MEDICAID RECIP	Character	12	Identification number assigned to a member of services.
ID PROVIDER	Character	9	Identification number assigned to a group or individual who provides services to a member.
NAM FIRST RECIP CLM	Character	1	This is the first initial of the member's name. It is what is keyed on the claim.
NAM LAST RECIP CLM	Character	3	This is the first three characters of the member's last name. It is what is keyed on the claim.
SAK CLAIM	Integer	9	System-assigned key for claim's internal control number. This helps to uniquely identify a claim in the system.

Table 5.86 - Key for Table 5.85

Attribute	Type	Length
ID MEDICAID RECIP	Secondary	12
ID PROVIDER	Secondary	9
SAK CLAIM	Primary	9

Section 6: Financial, Prior Authorization, and History Add on Tables

Overview

Population Method

> The prior authorization and financial tables are linked into the decision support database by fiber optic links. The history add-on tables necessitate the development of processes to build and populate the information weekly.

Application Data Model

Financial
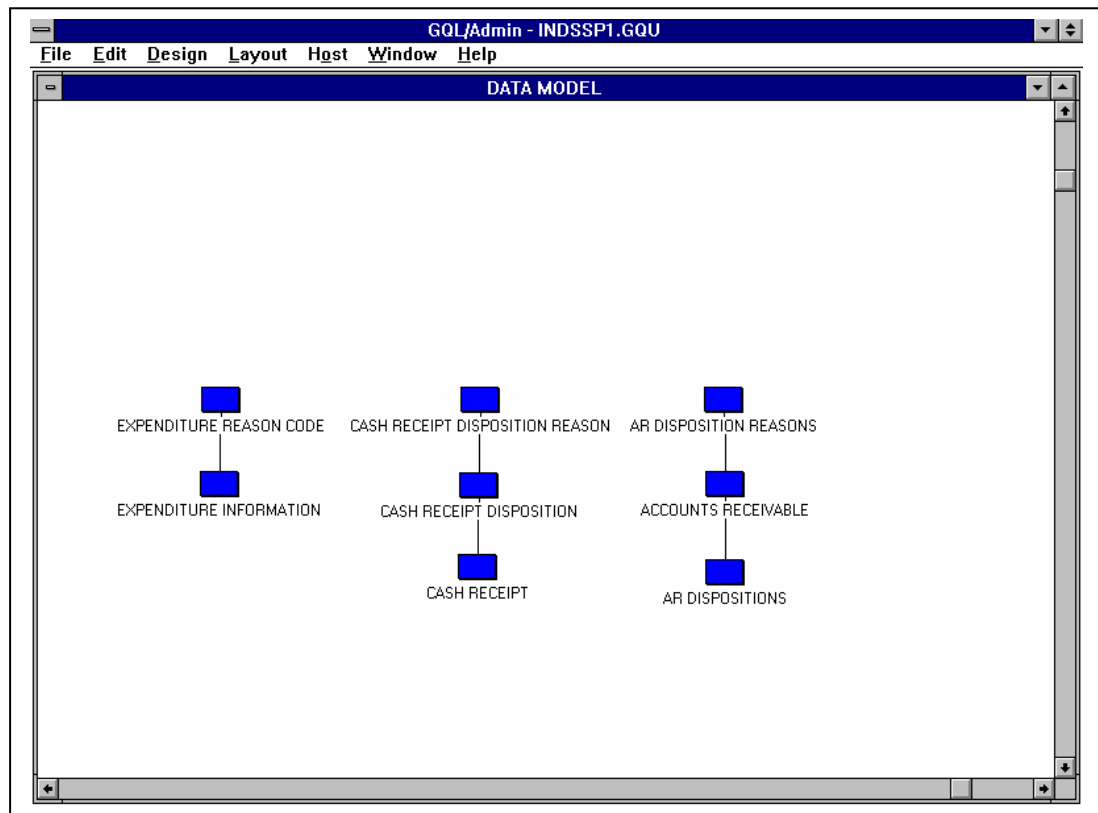
Figure 6.1 – Financial Window

Prior Authorization
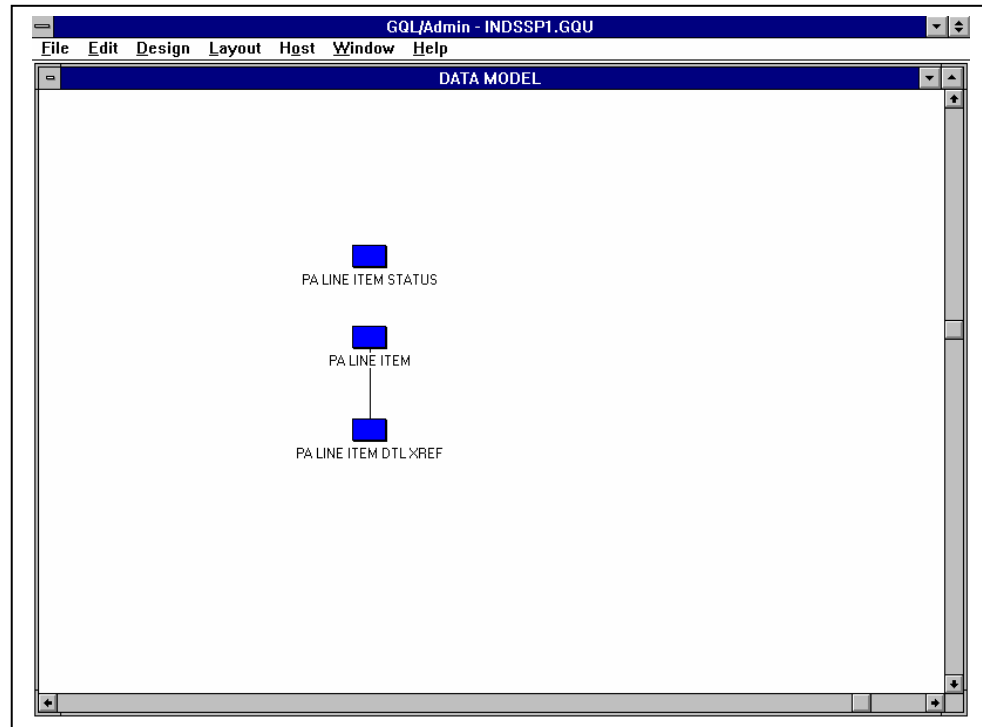
Figure 6.2 – Prior Authorization Window

Attribute to Entity List

Table 6.1 - Attribute to Entity List

Attribute	Entity
AMT	ACCOUNTS RECEIVABLE
	AR DISPOSITIONS
AMT APPLIED INTEREST	AR DISPOSITIONS
AMT DISPOSITION	CASH RECEIPT DISPOSITION
AMT PA AUTHORIZED	PA LINE ITEM
AMT PA REQUESTED	PA LINE ITEM
AMT PA USED	CLAIM DTL TO PA LINE ITEM XREF
AMT PAID	ACCOUNTS RECEIVABLE
	CASH RECEIPT
	EXPENDITURE INFORMATION
AMT UNPAID INTEREST	AR DISPOSITIONS
CDE CLAIM TYPE MEDICAID	DENTAL DTL COS
	PHARMACY DTL COS
	PHYSICIAN DTL COS
	UB92 DTL COS
CDE CLM STATUS	DENTAL DTL COS
	PHARMACY DTL COS
	PHYSICIAN DTL COS
	UB92 DTL COS
CDE COS FED	DENTAL DTL COS
	PHARMACY DTL COS
	PHYSICIAN DTL COS
	UB92 DTL COS
CDE COS HCFA	DENTAL DTL COS
	PHARMACY DTL COS
	PHYSICIAN DTL COS
	UB92 DTL COS

(Continued)

CDE COS ST	DENTAL DTL COS
	PHARMACY DTL COS
	PHYSICIAN DTL COS
	UB92 DTL COS

Table 6.1 - Attribute to Entity List

Attribute	Entity
CDE COS SUB1	DENTAL DTL COS
	PHARMACY DTL COS
	PHYSICIAN DTL COS
	UB92 DTL COS
CDE COS SUB2	DENTAL DTL COS
	PHARMACY DTL COS
	PHYSICIAN DTL COS
	UB92 DTL COS
CDE COUNTY	EXPENDITURE INFORMATION
CDE MODIFIER	PA LINE ITEM
CDE PA LINE ITEM	CLAIM DTL TO PA LINE ITEM XREF
	PA LINE ITEM
CDE PA STATUS	PA LINE ITEM
	PA LINE ITEM STATUS
CDE PAYEE TYPE	EXPENDITURE INFORMATION
CDE PROVIDER SPECIALTY	DENTAL DTL COS
	PHARMACY DTL COS
	PHYSICIAN DTL COS
	UB92 DTL COS
CDE PROVIDER TYPE	DENTAL DTL COS
	PHARMACY DTL COS
	PHYSICIAN DTL COS
	UB92 DTL COS

(Continued)

Attribute	Entity
CDE REASON FOUR	ACCOUNTS RECEIVABLE
	AR DISPOSITION REASONS
	AR DISPOSITIONS
	CASH RECEIPT DISPOSITION
	CASH RECEIPT DISPOSITION REASON
	EXPENDITURE INFORMATION
	EXPENDITURE REASON CODE
CDE REASON TYPE	AR DISPOSITION REASONS
CDE REVENUE	PA LINE ITEM

Table 6.1 - Attribute to Entity List

Attribute	Entity
CDE SERVICE LOCATION	ACCOUNTS RECEIVABLE
	AR DISPOSITIONS
	CASH RECEIPT
	EXPENDITURE INFORMATION
CDE STATUS 1	CLAIM DTL TO PA LINE ITEM XREF
CDE SVC TYPE	PA LINE ITEM
DSC 50	AR DISPOSITION REASONS
	CASH RECEIPT DISPOSITION REASON
DSC CDE	EXPENDITURE REASON CODE
DSC STATUS	PA LINE ITEM STATUS
DTE	AR DISPOSITIONS
DTE ACCRUAL INTEREST	ACCOUNTS RECEIVABLE
DTE ACTIVATION	EXPENDITURE INFORMATION
DTE ACTIVITY	EXPENDITURE INFORMATION
DTE ADDED	ACCOUNTS RECEIVABLE
	EXPENDITURE INFORMATION
DTE ASSIGNED	CASH RECEIPT DISPOSITION
DTE CHECK	CASH RECEIPT
DTE EFFECTIVE	ACCOUNTS RECEIVABLE
DTE PA AUTHORIZED START	PA LINE ITEM
DTE PA AUTHORIZED STOP	PA LINE ITEM
DTE PA AUTO APPROVED	PA LINE ITEM

(Continued)

DTE PA REQUESTED START	PA LINE ITEM
DTE PA REQUESTED STOP	PA LINE ITEM
DTE POSTED	CASH RECEIPT DISPOSITION
IND	CASH RECEIPT DISPOSITION
	CASH RECEIPT DISPOSITION REASON
IND AR	EXPENDITURE REASON CODE
IND CALC INTEREST	AR DISPOSITION REASONS
IND DEBIT	AR DISPOSITIONS
IND MANUAL	EXPENDITURE INFORMATION
	EXPENDITURE REASON CODE

Table 6.1 - Attribute to Entity List

Attribute	Entity
IND PROCESSED	EXPENDITURE INFORMATION
NAM	CASH RECEIPT
NUM CHECK	CASH RECEIPT
NUM CLAIM DETAIL NUMBER	CLAIM DTL TO PA LINE ITEM XREF
NUM CONTROL ACCOUNT RECEIVABLE	ACCOUNTS RECEIVABLE
NUM CONTROL CASH	CASH RECEIPT
NUM CORRESPONDENCE	EXPENDITURE INFORMATION
NUM DTL	DENTAL DTL COS PHARMACY DTL COS PHYSICIAN DTL COS UB92 DTL COS
NUM ICN	AR DISPOSITIONS
NUM SEQUENCE BATCH	CASH RECEIPT DISPOSITION EXPENDITURE INFORMATION
PCT	ACCOUNTS RECEIVABLE
QTY UNITS SERV AUTHORIZED	PA LINE ITEM
QTY UNITS SERV REQUESTED	PA LINE ITEM
QTY UNITS SERV USED	CLAIM DTL TO PA LINE ITEM XREF

(Continued)

SAK ACCOUNT RECEIVABLE	ACCOUNTS RECEIVABLE AR DISPOSITIONS EXPENDITURE INFORMATION
SAK CASH RECEIPT	CASH RECEIPT CASH RECEIPT DISPOSITION EXPENDITURE INFORMATION
SAK CHECK	CASH RECEIPT
SAK CLAIM	AR DISPOSITIONS CLAIM DTL TO PA LINE ITEM XREF DENTAL DTL COS PHARMACY DTL COS PHYSICIAN DTL COS UB92 DTL COS

Table 6.1 - Attribute to Entity List

Attribute	Entity
SAK DISPOSITION	AR DISPOSITIONS
SAK DRUG	PA LINE ITEM
SAK EXPENDITURE	ACCOUNTS RECEIVABLE EXPENDITURE INFORMATION
SAK PA	CLAIM DTL TO PA LINE ITEM XREF PA LINE ITEM
SAK PAYEE	EXPENDITURE INFORMATION
SAK PROCED	PA LINE ITEM
SAK PROV	AR DISPOSITIONS CASH RECEIPT
SAK PROV BILLING	ACCOUNTS RECEIVABLE
SAK PUB HLTH	ACCOUNTS RECEIVABLE CASH RECEIPT DISPOSITION EXPENDITURE INFORMATION
SAK RECIP	ACCOUNTS RECEIVABLE CASH RECEIPT DISPOSITION EXPENDITURE INFORMATION

Entity to Attribute List

Accounts Receivable

Accounts receivables are setup here when the system needs to recoup funds from a provider's claim payments and expenditures.

Table 6.2 – Accounts Receivable

Attribute	Format	Length	Description
AMT	Float	9	The original amount of the accounts receivable to be collected from a provider.
AMT PAID	Float	8	The maximum amount that will be recouped per claim payment cycle for the accounts receivable.
CDE REASON FOUR	Character	4	A four-digit code assigned to describe the reason for setting up the accounts receivable.

Table 6.2 – Accounts Receivable

Attribute	Format	Length	Description
CDE SERVICE LOCATION	Character	1	Service location of the provider for which the accounts receivable was setup. This will be compared to the billing provider's service location during the recoupment process.
DTE ACCRUAL INTEREST	Date	8	The date interest is to begin accruing on an accounts receivable.
DTE ADDED	Date	8	Date the accounts receivable was created. This date is used to determine the age of the accounts receivable.
DTE EFFECTIVE	Date	8	Date the accounts receivable takes effect. This date is usually the same as the date added, but it allows the accounts receivable recoupment process to be delayed until a future date.
NUM CONTROL ACCOUNT RECEIVABLE	Character	13	Unique number assigned to track accounts receivables. This number is used to file any documentation related to the accounts receivable. The format of the number is RRYYJJJBBBSSS.
PCT	Float	3	The maximum percentage that will be recouped from each claim per claim payment cycle for the accounts receivable.
SAK ACCOUNT RECEIVABLE	Integer	9	System-assigned key to the accounts receivable.
SAK EXPENDITURE	Integer	9	System-assigned key of the expenditure transaction which setup the accounts receivable.

(Continued)

SAK PROV BILLING	Integer	9	System-assigned key of the provider for which the accounts receivable is setup. This is compared against the billing provider on claims during the recoupment process.
SAK PUB HLTH	Integer	9	System-assigned key to the program code from which the accounts receivable will collect. This is matched to the program code on claims details during the recoupment process.
SAK RECIP	Integer	9	System-assigned key of the member that is associated with the setting up of the accounts receivable.

Table 6.3 - Key for Table 6.2

Attribute	Type	Length
SAK ACCOUNT RECEIVABLE	Primary	9

AR Disposition Reasons

This is the reason the accounts receivable disposition was created.

Table 6.4 - AR Disposition Reasons

Attribute	Format	Length	Description
CDE REASON FOUR	Character	4	Unique code assigned to the reason.
CDE REASON TYPE	Character	1	Code used to identify for what the reason code can be used. An example of this for accounts receivable dispositions is that a reason code type will be setup for dispositions that are associated with a cash receipts.
DSC 50	Character	50	Text that describes the reason code.
IND CALC INTEREST	Character	1	Indicates whether dispositions with this reason code will have interest calculated.

Table 6.5 - Key for Table 6.4

Attribute	Type	Length
CDE REASON FOUR	Primary	4

AR Dispositions

As recoupments are applied to provider's claim payments dispositions are created. Dispositions can also be created manually when payments are received from providers. Dispositions are applied to each accounts receivable until it has a zero balance.

Table 6.6 - AR Dispositions

Attribute	Format	Length	Description
AMT	Float	9	The amount of the disposition that was applied to the accounts receivable.
AMT APPLIED INTEREST	Float	9	Amount of the disposition that applied to interest on the aging accounts receivable.
AMT UNPAID INTEREST	Float	9	This is the amount of unpaid interest on the date of the disposition for the aged accounts receivable. This amount is used in the internal calculation to determine the interest amount due on the next disposition.
CDE REASON FOUR	Character	4	Four digit code that identifies the reason for the disposition.
CDE SERVICE LOCATION	Character	1	Service location of the provider from which the disposition was recouped.
DTE	Date	8	Date the disposition was applied to the accounts receivable.
IND DEBIT	Character	1	Indicates if the disposition amount should be credited or debited to the accounts receivable.
NUM ICN	Character	13	The ICN of the claim to which the disposition applied .
SAK ACCOUNT RECEIVABLE	Integer	9	System-assigned key of the accounts receivable with which the disposition is associated with.
SAK CLAIM	Integer	9	System-assigned key of the claim to which the disposition applied.
SAK DISPOSITION	Integer	9	System-assigned key of the accounts receivable disposition.
SAK PROV	Integer	9	System-assigned key to identify the provider from which the disposition was recouped. This may differ from the original provider SAK that was assigned to the accounts receivable if the accounts receivable was transferred to a new provider SAK.

Table 6.7 - Key for Table 6.6

Attribute	Type	Length
SAK ACCOUNT RECEIVABLE	Secondary	9
SAK DISPOSITION	Primary	9

Cash Receipt

The cash receipt table includes any check, returned or provider issued, submitted by a provider, third party vendor, or other source that is deposited by the account.

Table 6.8 - Cash Receipt

Attribute	Format	Length	Description
AMT PAID	Float	8	The amount of the check received.
CDE SERVICE LOCATION	Character	1	This code represents the location a provider performs the services billed.
DTE CHECK	Date	8	The date a returned check was issued. This is date actually printed on the check.
NAM	Character	39	The name of the source that has submitted a check (system issued or personal) to the account.
NUM CHECK	Character	9	The MICR number preprinted on the check that was submitted to the state by an external source.
NUM CONTROL CASH	Character	11	The control number stamped on the copy of a cash receipt at the time it is microfilmed. This number is entered into the system for matching the internal record with its paper copy.
SAK CASH RECEIPT	Integer	9	System-assigned key that uniquely identifies any check submitted to the account from an outside source.
SAK CHECK	Integer	9	System-assigned key that uniquely identifies a check issued from the *AIM* system.
SAK PROV	Integer	9	The system-assigned key that uniquely identifies the provider that has submitted a check to the state. This is an optional field.

Table 6.9 - Key for Table 6.8

Attribute	Type	Length
NUM CONTROL CASH	Secondary	11
SAK CASH RECEIPT	Primary	9

Cash Receipt Disposition

A cash receipt disposition accounts for the money received from an entity. When a provider returns money because of claims that were overpaid, each claim adjustment represents a cash receipt disposition. Other disposition types include TPL payments, accounts receivable payments, and money returned in error.

Table 6.10 - Cash Receipt Disposition

Attribute	Format	Length	Description
AMT DISPOSITION	Float	10	The amount being applied from a check for a single transaction (adjustment, overpayment return, accounts receivable payment, and so forth.)
CDE REASON FOUR	Character	4	Code used to track the reason a transaction is done.
DTE ASSIGNED	Date	8	The date this portion of the cash receipt was originally paid out. This date helps EDS determine if the cash should be applied before or after July 1, 1994.
DTE POSTED	Date	8	The date the cash receipt disposition was posted. This date determines in which week the disposition will be reported.
IND	Character	1	Indicates when a transaction is written to general ledger. After it is written, no updates are allowed to the disposition.
NUM SEQUENCE BATCH	Character	3	Number that uniquely identifies each individual disposition that was applied to a cash receipt.
SAK CASH RECEIPT	Integer	9	System-assigned key that uniquely identifies a check submitted to the state from an external source.
SAK PUB HLTH	Integer	9	The health coverage program to which this portion of the cash receipt will apply.
SAK RECIP	Integer	9	The member SAK associated with this portion of the cash receipt.

Table 6.11 - Key for Table 6.10

Attribute	Type	Length
NUM SEQUENCE BATCH	Primary	3
SAK CASH RECEIPT	Primary	9

Cash Receipt Disposition Reason

The cash receipt disposition reason is the reason the account is applying the money received from an external source.

Table 6.12 - Cash Receipt Disposition
Reason

Attribute	Format	Length	Description
CDE REASON FOUR	Character	4	Code used to track the reason a transaction is completed.
DSC 50	Character	50	Describes the reason of the cash receipt disposition
IND	Character	1	Indicates if EDS requires a provider number to be entered on the cash receipt before allowing a disposition with this reason code.

Table 6.13 - Key for Table 6.12

Attribute	Type	Length
CDE REASON FOUR	Primary	4

Claim DTL To PA Line Item XREF

This represents the cross-reference between a claim detail and a prior authorization line item. An adjustment (daughter) causes the association between a mother's detail and PA line item to change to an inactive status (will not be included in claims processing). Only cross-reference records with an active status are used for claims processing.

Table 6.14 - CLAIM DTL TO PA LINE ITEM XREF

Attribute	Format	Length	Description
AMT PA USED	Float	9	This indicates the dollar amount that has been used to date for a prior authorization line item for a particular claim detail.
CDE PA LINE ITEM	Character	2	This is the number of the prior authorization line item that is associated with a specific claim detail.
CDE STATUS 1	Character	1	Indicates whether the cross-reference record is active. It will become inactive only after an adjustment to the claim is released. Only active rows are used in accumulating PA used amounts and units.
NUM CLAIM DETAIL NUMBER	Integer	2	This is the detail number of the claim that is associated with a prior authorization line item.
QTY UNITS SERV USED	Integer	5	This indicates the number of services that have been used to date for a prior authorization line item for a particular claim detail.
SAK CLAIM	Integer	9	This is the system-assigned key of a claim that has at least one detail associated to a prior authorization line item.
SAK PA	Integer	9	This is the unique prior authorization request number for the line item. This number represents the PA record.

Table 6.15 - Key for Table 6.14

Attribute	Type	Length
CDE PA LINE ITEM	Secondary	2
SAK PA	Secondary	9

Dental DTL COS

The dental DTL COS table contains the detail category of service assignment for dental claims.

Table 6.16 - Dental DTL COS

Attribute	Format	Length	Description
CDE CLAIM TYPE MEDICAID	Character	1	Code that specifies the type of claim record. The code for dental claims is 'D'.
CDE CLM STATUS	Character	1	Indicates the status of a claim in the system.
CDE COS FED	Character	2	Used for the 2082 reports and for HCFA 64 family planning indicator.
CDE COS HCFA	Character	2	HCFA 64 category of service codes. Used to produce the HCFA 64.9 report.
CDE COS ST	Character	2	The state category of service code that defines the groupings of services desired on State MAR reports, such as inpatient or outpatient.
CDE COS SUB1	Character	1	A subcategory of service used to provide a more detail service classification in MAR reporting.
CDE COS SUB2	Character	1	A sub, subcategory of service to provide a more detail service classification in MAR reporting.
CDE PROVIDER SPECIALTY	Character	3	Code that indicates the scope of practice or operations of the rendering provider.
CDE PROVIDER TYPE	Character	2	Code that indicates the provider type for which a provider is licensed.
NUM DTL	Integer	2	The number of the detail on a claim record.
SAK CLAIM	Integer	9	System-assigned key used to identify a specific claim in the Indiana*AIM* system.

Table 6.17 - Key for Table 6.16

Attribute	Type	Length
NUM DTL	Primary	2
SAK CLAIM	Primary	9

Expenditure Information

The expenditure information table contains the expenditure payment transactions, provider overpayment refunds, and provider advance transactions for the Indiana*AIM* system.

Table 6.18 - Expenditure Information

Attribute	Format	Length	Description
AMT PAID	Float	8	The amount that the payee is paid.
CDE COUNTY	Character	2	A unique code that identifies the county to which a payment is made.
CDE PAYEE TYPE	Character	1	Code to indicate the type of payee for an expenditure transaction.
CDE REASON FOUR	Character	4	Code used to indicate why an expenditure transaction is entered into the system.
CDE SERVICE LOCATION	Character	1	The service location code for a provider payee.
DTE ACTIVATION	Date	8	Date on which the expenditure transaction was released into the system for processing.
DTE ACTIVITY	Date	8	The date this transaction was processed.
DTE ADDED	Date	8	Date on which the expenditure request was initiated.
IND MANUAL	Character	1	This field is used to indicate whether a manual check has been written ('Y') or whether a system payout ('N') must take place.
IND PROCESSED	Character	1	Indicates whether the expenditure payment has processed thourgh the financial batch cycle.
NUM CORRESPONDENCE	Character	6	Number used to reference a correspondence document to the expenditure transaction.
NUM SEQUENCE BATCH	Character	3	Batch sequence number that identifies a disposition on a cash receipt. It is used when refunding a provider overpayment.
SAK ACCOUNT RECEIVABLE	Integer	9	System-assigned key that is used to identify whether an account receivable is associated to an expenditure.
SAK CASH RECEIPT	Integer	9	System-assigned key that uniquely identifies a cash receipt in the Indiana*AIM* system. It is used when refunding a provider overpayment.

(Continued)

SAK EXPENDITURE	Integer	9	System-assigned key that uniquely identifies an expenditure transaction.

Table 6.18 - Expenditure Information

Attribute	Format	Length	Description
SAK PAYEE	Integer	9	System-assigned key that uniquely identifies an expenditure payee.
SAK PUB HLTH	Integer	9	System-assigned key that uniquely identifies the program code related to an expenditure transaction.
SAK RECIP	Integer	9	System-assigned key that uniquely identifies the recipient that may be associated with the expenditure transaction.

Table 6.19 - Key for Table 6.18

Attribute	Type	Length
SAK EXPENDITURE	Primary	9

Expenditure Reason Code

The expenditure reason code table contains all of the valid reasons an expenditure may be added to the Indiana*AIM* system.

Table 6.20 - Expenditure Reason Code

Attribute	Format	Length	Description
CDE REASON FOUR	Character	4	Indicates the reason for which an expenditure is added to the system.
DSC CDE	Character	15	Description of the reason code for an expenditure transaction.
IND AR	Character	1	Used on the reason code to indicate the type of transaction that produced the expenditure or non-claim payout. This field determines if any additional processing must occur. Valid values are A - Account Receivable, E - Expenditure, and C - Cash Receipt.
IND MANUAL	Character	1	Indicates whether the expenditure requires a manual check.

Table 6.21 - Key for Table 6.20

Attribute	Type	Length
CDE REASON FOUR	Primary	4

PA Line Item

This represents the line items or details of a prior authorization record.
There can be up to 10 line items per PA record.

Table 6.22 - PA Line Item

Attribute	Format	Length	Description
AMT PA AUTHORIZED	Float	9	This is the dollar amount authorized for the prior authorization line item service.
AMT PA REQUESTED	Float	9	This is the dollar amount requested for the prior authorization line item service.
CDE MODIFIER	Character	2	This is the procedure code modifier of the prior authorization.
CDE PA LINE ITEM	Character	2	This represents the prior authorization line item number for the PA record. Each PA record may have up to 10 line items.
CDE PA STATUS	Character	1	This represents the status of a prior authorization line item. Status is used interchangeably with decision.
CDE REVENUE	Integer	3	This identifies a specific accommodation or ancillary service (revenue code) that is used at the line item level on a PA.
CDE SVC TYPE	Character	1	This field represents the type of procedure code being used on a prior authorization request. For example, it may be a revenue code (length of three), HCPC code (length of five), or an NDC (length of 11).
DTE PA AUTHORIZED START	Date	8	This is the authorized prior authorization start date for the line item.
DTE PA AUTHORIZED STOP	Date	8	This is the authorized prior authorization stop date for the line item.
DTE PA AUTO APPROVED	Date	8	This is the date that a prior authorization request was automatically approved.
DTE PA REQUESTED START	Date	8	This is the requested prior authorization start date for the line item.
DTE PA REQUESTED STOP	Date	8	This is the requested prior authorization stop date for the line item.

(Continued)

QTY UNITS SERV AUTHORIZED	Integer	5	This is the number of units authorized for the prior Authorization line item service.

Table 6.22 - PA Line Item

Attribute	Format	Length	Description
QTY UNITS SERV REQUESTED	Integer	5	This is the number of units requested for the Prior Authorization line item service.
SAK DRUG	Integer	9	This is a system-assigned key for a unique NDC code that is used at the line item level on a PA.
SAK PA	Integer	9	This represents the system-assigned key for the Prior Authorization record.
SAK PROCED	Integer	9	This is a system-assigned key for a unique procedure code that is used at the line item level on a PA.

Table 6.23 - Key for Table 6.22

Attribute	Type	Length
CDE PA LINE ITEM	Primary	2
SAK PA	Primary	9

PA Line Item Status

This table represents the decision status of a prior authorization line item. For example, this is the decision made on the line item by a PA analyst.

Table 6.24 - PA Line Item Status

Attribute	Format	Length	Description
CDE PA STATUS	Character	1	This represents the decision status of a prior authorization line item.
DSC STATUS	Character	20	This is the description of the decision status of a prior authorization line item.

Table 6.25 - Key for Table 6.24

Attribute	Type	Length
CDE PA STATUS	Primary	1

Pharmacy DTL COS

The pharmacy DTL COS table contains the detail category of service assignment for pharmacy claims.

Table 6.26 - Pharmacy DTL COS

Attribute	Format	Length	Description
CDE CLAIM TYPE MEDICAID	Character	1	Code that specifies the type of claim record. The code for dental claims is 'D'.
CDE CLM STATUS	Character	1	Indicates the status of a claim in the system.
CDE COS FED	Character	2	Used for the 2082 reports and for HCFA 64 family planning indicator.
CDE COS HCFA	Character	2	HCFA 64 category of service codes. Used to produce the HCFA 64.9 report.
CDE COS ST	Character	2	The state category of service code that defines the groupings of services desired on State MAR reports, such as inpatient or outpatient.
CDE COS SUB1	Character	1	A sub category of service used to provide more detailed service classification in MAR reporting.
CDE COS SUB2	Character	1	A sub, subcategory of service used to provide more detailed service classification in MAR reporting.
CDE PROVIDER SPECIALTY	Character	3	Code that indicates the scope of practice or operations of the rendering provider.
CDE PROVIDER TYPE	Character	2	Code that indicates the provider type for which a provider is licensed.
NUM DTL	Integer	2	The number of details on a claim record.
SAK CLAIM	Integer	9	System-assigned key used to identify a specific claim in the Indiana*AIM* system.

Table 6.27 - Key for Table 6.26

Attribute	Type	Length
NUM DTL	Primary	2
SAK CLAIM	Primary	9

Physician DTL COS

This table contains the detail category of service assignment for physician claim types.

Table 6.28 - Physician DTL COS

Attribute	Format	Length	Description
CDE CLAIM TYPE MEDICAID	Character	1	Code that specifies the type of claim record. The code for dental claims is 'D'.
CDE CLM STATUS	Character	1	Indicates the status of a claim in the system.
CDE COS FED	Character	2	Used for the 2082 reports and for HCFA 64 family planning indicator.
CDE COS HCFA	Character	2	HCFA 64 category of service codes. Used to produce the HCFA 64.9 report.
CDE COS ST	Character	2	The state category of service code that defines the groupings of services desired on State MAR reports, such as inpatient or outpatient.
CDE COS SUB1	Character	1	A sub category of service used to provide more detailed service classification in MAR reporting.
CDE COS SUB2	Character	1	A sub, subcategory of service used to provide more detailed service classification in MAR reporting.
CDE PROVIDER SPECIALTY	Character	3	Code that indicates the scope of practice or operations of the rendering provider.
CDE PROVIDER TYPE	Character	2	Code that indicates the provider type for which a provider is licensed.
NUM DTL	Integer	2	The number of the detail on a claim record.
SAK CLAIM	Integer	9	System-assigned key used to identify a specific claim in the Indiana*AIM* system.

Table 6.29 - Key for Table 6.28

Attribute	Type	Length
NUM DTL	Primary	2
SAK CLAIM	Primary	9

UB92 DTL COS

Contains the detail category of service assignment for UB-92 claim types.

Table 6.30 - UB92 DTL COS

Attribute	Format	Length	Description
CDE CLAIM TYPE MEDICAID	Character	1	Code that specifies the type of claim record. The code for dental claims is 'D'.
CDE CLM STATUS	Character	1	Indicates the status of a claim in the system.
CDE COS FED	Character	2	Used for the 2082 reports and for HCFA 64 family planning indicator.
CDE COS HCFA	Character	2	HCFA 64 category of service codes. Used to produce the HCFA 64.9 report.
CDE COS ST	Character	2	The state category of service code that defines the groupings of services desired on State MAR reports, such as inpatient or outpatient.
CDE COS SUB1	Character	1	A subcategory of service used to provide more detailed service classification in MAR reporting.
CDE COS SUB2	Character	1	A sub, subcategory of service used to provide a more detailed service classification in MAR reporting.
CDE PROVIDER SPECIALTY	Character	3	Code that indicates the scope of practice or operations of the rendering provider.
CDE PROVIDER TYPE	Character	2	Code that indicates the provider type for which a provider is licensed.
NUM DTL	Integer	2	The number of the detail on a claim record.
SAK CLAIM	Integer	9	System-assigned key used to identify a specific claim in the Indiana*AIM* system.

Table 6.31 - Key for Table 6.30

Attribute	Type	Length
NUM DTL	Primary	2
SAK CLAIM	Primary	9

Section 7: Database Maintenance and Backup Schedule

The decision support database is backed up on Monday and Thursday nights.

Section 8: Batch Execution Facility

The decision support function contains a batch query execution facility. The user creates a temporary or user defined table using BI/QUERY, creates the query that would populate the table, adds any needed control information, and saves the information to a specified directory where it will be executed in batch mode. This section provides a brief discussion of the process.

Step 1 - Build and Save Query

The initial process of the batch execution facility is the same as the building of any other query. BI/QUERY is used to point and click in the query. Once the query is defined, the user saves it using the export function.

Step 2 - Create User Defined Table

The second step involves the creation of the user-defined table. This is accomplished taking the saved query (from step 1), and adding a qualification that makes it impossible for the system to retrieve results (for example, WHERE ROWNUM < 0). The query is then submitted using Submit Query - to Table. The end result is the creation of a user-defined table with zero rows.

Step 3 – Run Batch Buddy

The next step is to recall the query using the Batch Buddy Application. The user can edit the query or just submit it from this application.

Section 9: Sharing User Defined Tables

The BI/QUERY application does not contain features that easily allow users to share user-defined tables. If a user defined table needs to become a permanent table, the reporting specialist should be contacted. The reporting specialist can add the table to the model for all users to share. If the temporary table is not used for a long period of time, the method described in this section can be used for sharing tables.

Step 1 - User1 Creates Table

User1 creates a temporary table in the usual fashion. Upon completion of the query that populates the temporary table, user1 grants permission for other users to access the table. To grant permissions for other users to access the table, use NOTEPAD to create a grant script. The format of the grant statement is as follows:

```
grant all on tablename to public;
```

Tablename should be replaced with the temporary table that user1 created. The script is then executed using the HOST/SEND SQL SCRIPT menu item.

Step 2 - User2 Creates a Matching Table

When user1 completes the grant permissions for the table, user2 must create a temporary table that exactly matches user1's table with one exception. User2's table will need to be created with zero rows. To accomplish this, user2 executes his or her query with a qualification that would never occur (like provider type = ZZ). This will create an empty table for user2.

Step 3 - User2 Creates Queries Using the Shared Table

The user creates queries against the shared table as usual, but before execution, the user must modify the SQL script. To do so, click **WINDOW/SHOW QUERY**. This screen shows a text description of the query that was created. The query needs to be modified by replacing user2's userid with user1's userid. The query should then be saved and then can be executed.

Section 10: Cleanup of Old Temporary Table

Each user is responsible for removing its temporary tables no longer needed in the database. To remove a table from the database, click **Layout/Delete User Defined Object**. A list of the user tables displays. Select the tables to remove and they will be deleted from the database.

Appendix A: Sample Query Worksheet

<u>QUERY WORKSHEET</u>

INFORMATION REQUEST
(Write description of information request)

ATTRIBUTE/TABLE INFORMATION
(Enter the necessary attributes and the associated tables)

ATTRIBUTES REQUIRED	TABLE NAME

Query Worksheet (page 2)

STEPS
(Delineate the steps necessary to complete the information request)

Step 1:
Step 2:
Step 3:
Step 4:
Step 5:

Query Worksheet (page 3)

Step 6:
Step 7:
Step 8:
Step 9:
Step 10:

Index